## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Mar 15, 2007 8:00 am Secretary of State **DOCUMENT # P04000142955** 03-15-2007 90034 033 \*\*\*150.00 BROADBAND SYSTEM GROUP, INC. Principal Place of Business Mailing Address 783 SHOTGUN RD 783 SHOTGUN RD SUNRISE, FL 33326 SUNRISE, FL 33326 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2645 EXECUTIVE PANK DIVE 2645 EXECUTIVE PANK DrIVE Suite, Apt. #, etc. Suite, Apt. #, etc. 02062007 Chg-P CR2E034 (12/06) Suite 135 SuITE 135 City & State City & State 4. FEI Number Applied For FL WESTON WESTON 20-1811403 Not Applicable Country ひらみ・ Country \$8.75 Additional 5. Certificate of Status Desired (ろろろろ/ USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DIAZ, OSVALDO J 7951 SW 40TH STREET, SUITE 206 Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33155 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE\_ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE □ Addition GARCIA JOSE-GREGONIO NAME GARCIA, JOSE G NAME 2645 EXECUTIVE PANK DAINE SUITE 135 STREET ADDRESS 783 SHOTGUN RD STREET ADDRESS WESTON FL 33331 CITY-ST-ZIP FORT LAUDERDALE, FL 33326 CITY-ST-ZIP VPSD ☐ Delete Change Addition REY SOTO, JAIHE RO. NAME GEA SOTO, JAIME NAME STREET ADDRESS 783 SHOTGUN RD STREET ADDRESS FORT LAUDERDALE, FL 33326 CITY-ST-ZIP SUURISE FL 33376 CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Channe ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**FILED** 

SIGNATURE: \_ SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR