2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000057603

City-St-Zip:

COCONUT CREEK, FL 33063

Entity Name: SYSTEM MOBILE SOLUTIONS, INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	31ST AVENUE O BEACH, FL				
Current Mailing Address:			New Mailing Address	:	
	31ST AVENUE O BEACH, FL				
FEI Number	: 20-2730750	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	/ARO J 31ST AVENUE O BEACH, FL				
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	I office or registered agent, or both,	
SIGNATU	RE:				
	Electror	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	RUIZ, ALVARO 2499 NW 49TH		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V (CHANGLLIO, J 2499 NW 49TH COCONUT CRI	TERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	S () PEREZ, YUMIF 2499 NW 49TH		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ALVARO J. RUIZ P 04/30/2009