

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90063 034 \*\*\*150.00

DOCUMENT # P06000008339

1. Entity Name  
SIS COM INTERNATIONAL CORP



Principal Place of Business  
220 71 STREET  
SUITE 209  
MIAMI BEACH, FL 33141

Mailing Address  
220 71 STREET  
SUITE 209  
MIAMI BEACH, FL 33141

2. Principal Place of Business - No P.O. Box #  
1687 NE 123rd ST  
Suite, Apt. #, etc.

3. Mailing Address  
1687 NE 123rd ST  
Suite, Apt. #, etc.



05042007 Chg-P CR2E034 (12/06)

City & State  
North Miami FL  
Zip  
33181  
Country

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North Miami FL  
Zip  
33181  
Country

4. FEI Number  
20-4168109  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

TALavera, HUGO G  
220 71 STREET  
SUITE 209  
MIAMI BEACH, FL 33141

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL 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)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          | P                       | <input checked="" type="checkbox"/> Delete |
| NAME           | TALavera, HUGO G        |  |
| STREET ADDRESS | 220 71 STREET SUITE 209 |  |
| CITY-ST-ZIP    | MIAMI BEACH, FL 33141   |  |
| TITLE          | VP                      | <input type="checkbox"/> Delete            |
| NAME           | ROJAS, EUSTACIO         |  |
| STREET ADDRESS | 220 71 STREET SUITE 209 |  |
| CITY-ST-ZIP    | MIAMI BEACH, FL 33141   |  |
| TITLE          | S                       | <input checked="" type="checkbox"/> Delete |
| NAME           | DOMINGUEZ, HABIB A      |  |
| STREET ADDRESS | 220 71 STREET SUITE 209 |  |
| CITY-ST-ZIP    | MIAMI BEACH, FL 33141   |  |
| TITLE          |                         | <input type="checkbox"/> Delete            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          |                         | <input type="checkbox"/> Delete            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |
| TITLE          |                         | <input type="checkbox"/> Delete            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                          |  |
|----------------|--------------------------|--|
| TITLE          | VP                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Miguel A. SUAREZ Berriel |  |
| STREET ADDRESS | 1687 NE 123rd ST         |  |
| CITY-ST-ZIP    | NORTH MIAMI FL 33181     |  |
| TITLE          | (Pres)                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | ROJAS EUSTACIO (PRES)    |  |
| STREET ADDRESS | 1687 NE 123rd ST         |  |
| CITY-ST-ZIP    | NORTH MIAMI FL 33181     |  |
| TITLE          | (Direc)                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | MARCELO KOSAKOV (D)      |  |
| STREET ADDRESS | 1687 NE 123rd ST         |  |
| CITY-ST-ZIP    | NORTH MIAMI FL 33181     |  |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |

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 trustee 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #