

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000054849

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: TECHNOLOGY SYSTEMS INTEGRATORS, INC.

## Current Principal Place of Business:

1240 SW 86 AVE  
PEMBROKE PINES, FL 33025

## New Principal Place of Business:

## Current Mailing Address:

1240 SW 86 AVE  
PEMBROKE PINES, FL 33025

## New Mailing Address:

FEI Number: 26-0155276

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MATALON, SIMON  
1240 SW 86 AVE  
PEMBROKE PINES, FL 33025 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D/O ( ) Delete  
Name: MATALON, SIMON  
Address: 1240 SW 86 AVE  
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D ( ) Delete  
Name: BREVARD, TY  
Address: 10620 WASHINGTON ST - # 110  
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D ( ) Delete  
Name: BUSH, IAN  
Address: 6015 TOWN COLONY DR - # 312  
City-St-Zip: BOCA RATON, FL 33433

Title: D ( ) Delete  
Name: MATALON, JENNIFER  
Address: 1240 SW 86 AVE  
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D (X) Delete  
Name: BUSH, MARISOL  
Address: 6015 TOWN COLONY DR - # 312  
City-St-Zip: BOCA RATON, FL 33433

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: BREVARD, TY  
Address: 4611 S. UNIVERSITY DR. #439  
City-St-Zip: DAVIE, FL 33328

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: SIMON MATALON

D/O

04/15/2009

Electronic Signature of Signing Officer or Director

Date