

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P07000113889</b> 1. Entity Name <b>SYSTEMS PROVIDER, INC.</b>																											
Principal Place of Business <b>1200 BRICKELL BAY DRIVE UNIT NO. 1623 MIAMI, FL 33131</b>		Mailing Address <b>1200 BRICKELL BAY DRIVE UNIT NO. 1623 MIAMI, FL 33131</b>																									
2. Principal Place of Business - No P.O. Box # <b>7832 COLLINS AVENUE</b> Suite, Apt. #, etc. <b>UNIT NO. 505</b>		3. Mailing Address <b>7832 COLLINS AVENUE</b> Suite, Apt. #, etc. <b>UNIT NO. 505</b>																									
City & State <b>MIAMI BEACH, FLORIDA</b> Zip <b>33141</b>		City & State <b>MIAMI BEACH, FLORIDA</b> Zip <b>33141</b>																									
Country <b>U.S.A.</b>		Country <b>U.S.A.</b>																									
4. FEI Number <b>26-1247756</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent  <b>IBANEZ, MIRIAM E 1200 BRICKELL BAY DRIVE UNIT NO. 1623 MIAMI, FL 33131</b>		7. Name and Address of New Registered Agent Name <b>IBANEZ, MIRIAM E.</b> Street Address (P.O. Box Number is Not Acceptable) <b>7832 COLLINS AVENUE</b> <b>UNIT NO. 505</b> City <b>MIAMI BEACH, FL</b> Zip Code <b>33141</b>																									
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																											
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">P,D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>IBANEZ, MIRIAM E</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>120 BRICKELL BAY DRIVE UNIT NO.1623</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33131</td> <td></td> </tr> </table>		TITLE	P,D	<input type="checkbox"/> Delete	NAME	IBANEZ, MIRIAM E		STREET ADDRESS	120 BRICKELL BAY DRIVE UNIT NO.1623		CITY-ST-ZIP	MIAMI, FL 33131		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">DP</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>IBANEZ, MIRIAM E.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7832 COLLINS AVENUE NO. 505</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI BEACH, FLORIDA 33141</td> <td></td> </tr> </table>		TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	IBANEZ, MIRIAM E.		STREET ADDRESS	7832 COLLINS AVENUE NO. 505		CITY-ST-ZIP	MIAMI BEACH, FLORIDA 33141	
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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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																											

FILED  
08 SEP 16 PM 4:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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