
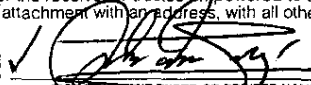


**FILED**  
**Sep 20, 2004 8:00 am**  
**Secretary of State**

09-20-2004 90005 010 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P93000062636</b>			
1. Entity Name <b>INFOTRON SYSTEM CORP.</b>			
Principal Place of Business <b>8252 NW. 30 TERRACE MIAMI, FL 33122 US</b>		Mailing Address <b>8252 NW 30 TERRACE MIAMI, FL 33122 US</b>	
2. Principal Place of Business <b>410 POINCIANA ISLAND DR</b>		3. Mailing Address <b>410 POINCIANA ISLAND DR</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>N MIAMI BEACH, FL</b>		City & State <b>N MIAMI BEACH, FL</b>	
Zip <b>33160</b>		Zip <b>33160</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>65-0436967</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		08202004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent <b>LAGRU, RUBEN 8252 NW 30 TERRACE MIAMI, FL 33122</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSVT LAGRU, RUBEN 8475 N.W. 29 STREET MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>410 POINCIANA ISLAND DR N MIAMI BEACH, FL 33160</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GALLO, MARIANO 8475 N.W. 29 STREET MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>410 POINCIANA ISLAND DR N MIAMI BEACH, FL 33160</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <b>Ruben Lagru</b>		Date: <b>08/20/04</b> (786) 553-6510	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	