2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P93000068860

DOCUMENT # 1. Entity Name

SYSTEM AMERICAN GROUP CO.



FILED Jan 29, 2003 8:00 am Secretary of State

01-29-2003 90289 022 ***150.00

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City & State Street Address of New Registered Agent Name HERNANDEZ, ERNESTO 6855 NW 52 STREET STE 201 MAMIF L City FL Zip Code City City City FL Zip Code City City FL Zip Code City City	2. Principal Place of Business 3. Mailing		3. Mailing Address					
Country Zip Country Zip Country S. Certificate of Status Desired S8.75 Additional Fee Required S8.75 Additiona	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING	CHANGES		
Zip Country	City & State		City & State		4. FEI Number 65-0445823			
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12. I hereby certify that the information supplied with this filling 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 supplied with this filling 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 supplied with this filling 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 supplied with this filling 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 supplied with this filling 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 supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this report of the supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this report of the supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(iii), Florida Statutes.	CITY-ST-ZIP	\ \ \ \		CITY-ST-ZIP				

of the corporation or the receiver or trustee empowered to execute his 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:

e required

Date

Daytime Phone #