


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000011381	
1. Entity Name PRISM ELECTRONIC SYSTEMS, INC.	

Principal Place of Business 5430 SW 40TH STREET DAVIE, FL 33314	Mailing Address 5430 SW 40TH STREET DAVIE, FL 33314
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DO NOT WRITE IN THIS SPACE



04172008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0655223	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 DIAZ, FLAVIO 5430 SW 40TH STREET DAVIE, FL 33314
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IN THIS SPACE**

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 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000934132 05/23/08-80020-018 150.00
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10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	ECHEGARAY, JOSE L
STREET ADDRESS	5430 SW 40TH STREET
CITY-ST-ZIP	DAVIE, FL 33314
TITLE	T
NAME	GOZZOG, WILFREDO J
STREET ADDRESS	5430 SW 40 ST
CITY-ST-ZIP	DAVIE, FL 33314
TITLE	S
NAME	SILVA, JOAQUID
STREET ADDRESS	5430 SW 40TH STREET
CITY-ST-ZIP	DAVIE, FL 33314
TITLE	VP
NAME	RUGGIERO, PASCUAL
STREET ADDRESS	5430 SW 40TH STREET
CITY-ST-ZIP	DAVIE, FL 33314
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **JOSE ECHEGARAY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #