

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000087438

**FILED**  
**Mar 09, 2011**  
**Secretary of State**

**Entity Name:** INTEGRATED SOFTWARE SOLUTIONS, CORP.

**Current Principal Place of Business:**

5220 S. UNIVERSITY DR.  
SUITE 204C  
DAVIE, FL 33328 US

**New Principal Place of Business:**

5220 S. UNIVERSITY DR.  
SUITE 201C  
DAVIE, FL 33328 US

**Current Mailing Address:**

P. O. BOX 822272  
SOUTH FLORIDA, FL 330822272

**New Mailing Address:**

P. O. BOX 822272  
SOUTH FLORIDA, FL 33082 US

**FEI Number:** 65-0630071

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GURIAN, JORGE  
2665 SOUTH BAYSHORE DRIVE  
SUITE # 906  
COCONUT GROVE, FL 33133 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

**OFFICERS AND DIRECTORS:**

Title: CEOP  
Name: BREZAULT, THEDY  
Address: 18523 SW 41 STREET  
City-St-Zip: MIRAMAR, FL 33029

I hereby 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 all other like empowered.

SIGNATURE: THEDY BREZAULT

CEOP

03/09/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date