

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90715 037 \*\*\*150.00

**DOCUMENT # P97000006395**

1. Entity Name  
**SYSTEMS SOLUTIONS GROUP, INC.**



Principal Place of Business  
**999 PONCE DE LEON BLVD  
#1045  
CORAL GABLES, FL 33134 US**

Mailing Address  
**999 PONCE DE LEON BLVD  
#1045  
CORAL GABLES, FL 33134 US**



04272004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0725601**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**OCARIZ, HIRAM  
999 PONCE DE LEON BLVD  
SUITE 1045  
CORAL GABLES, FL 33134**

**DO NOT WRITE  
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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	OCARIZ, HIRAM
STREET ADDRESS	999 PONCE DE LEON BLVD #1045
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	D
NAME	GITLIN, MARK
STREET ADDRESS	999 PONCE DE LEON BLVD #1045
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	D
NAME	ZOMERFELD, RAYMOND
STREET ADDRESS	999 PONCE DE LEON BLVD #1045
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	VP
NAME	MARRERO, MANUEL
STREET ADDRESS	999 PONCE DE LEON BLVD #1045
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/04 (305) 444-8288