

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P97000035715

**FILED**  
**May 12, 2006**  
**Secretary of State**

**Entity Name:** SYSTEMS SOLUTIONS CONSULTING CORP.

**Current Principal Place of Business:**

1689 HIATUS ROAD, SUITE #1254  
PEMBROKE PINES, FL 33026

**New Principal Place of Business:**

1804 NW 137 TERRACE  
PEMBROKE PINES, FL 33028

**Current Mailing Address:**

1689 HIATUS ROAD, SUITE #1254  
PEMBROKE PINES, FL 33026

**New Mailing Address:**

1804 NW 137 TERRACE  
PEMBROKE PINES, FL 33028

**FEI Number:** 65-0746685

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA, P.A.  
1840 SOUTHWEST 22 STREET  
4TH FLOOR  
MIAMI, FL 33145 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: NATALIA UTRERA

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: LAZARO, SERGIO  
Address: 1804 N.W. 137 TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: S ( ) Delete  
Name: LAZARO, HELEN  
Address: 1804 N.W. 137 TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33028

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SERGIO LAZARO

PSTD

05/12/2006

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

\_\_\_\_\_  
Date