

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000008721**

1. Entity Name  
**G4 SYSTEMS, INC.**



Principal Place of Business  
**9800 PREMIER PWY  
MIRAMAR, FL 33025**

Mailing Address  
**9800 PREMIER PWY  
MIRAMAR, FL 33025**

**DO NOT WRITE IN THIS SPACE**



01232004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0890022**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

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

**HELLER, LAWRENCE R  
ONE BISCAYNE TOWER STE. 1570  
MIAMI, FL 33131**

**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	YURGEALITIS, JOHN P
STREET ADDRESS	14800 LEWIS ROAD
CITY - ST - ZIP	MIAMI LAKES, FL 33014
TITLE	D
NAME	MARTINEZ, MANUEL R
STREET ADDRESS	13781 NW 19TH STREET
CITY - ST - ZIP	PEMBROKE PINES, FL 33028
TITLE	D
NAME	CANTILLO, ABELARDO M
STREET ADDRESS	4032 E. RIDGEVIEW DR.
CITY - ST - ZIP	DAVIE, FL 33330
TITLE	D
NAME	GRIMM, MICHAEL
STREET ADDRESS	7225 N.W. 41ST STREET
CITY - ST - ZIP	CORAL SPRINGS, FL 33065
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000041514  
02/09/04-80032-013 150.00

**DO NOT WRITE  
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)(f), 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 #

*John P Yurgealitis* 1/23/04 954 364-0085