


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90188 049 ***150.00

DOCUMENT # P99000015907 1. Entity Name NOTEBOOK SYSTEMS, INC.					
Principal Place of Business 2021 COOLIDGE ST. HOLLYWOOD, FL 33020				Mailing Address 2021 COOLIDGE ST. HOLLYWOOD, FL 33020	
2. Principal Place of Business 1633 Washington Ave		3. Mailing Address 1633 Washington Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami Beach FL		City & State Miami Beach FL		4. FEI Number 65-0897047	
Zip 33139		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILCHES, JESUS 1633 WASHINGTON AVENUE MIAMI BEACH, FL 33139				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS WILCHES, JESUS 1633 WASHINGTON AVENUE MIAMI BEACH, FL 33139		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					

NOTEBOOK SYSTEMS, INC.

1633 WASHINGTON AVE
MIAMI BEACH FL 33139

Attachment
799000015907
44047502

July 2, 2004

FLORIDA DEPT. OF STATE
Division of Corporations -Annual Report Filings
P O Box 6327
Tallahassee FL 32314

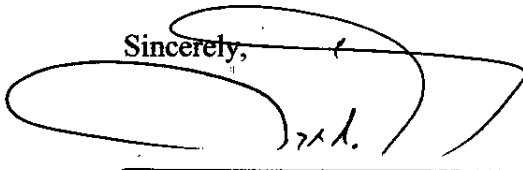
Dear Sir/Madam:

We call your office requesting a blank copy to file the Annual Report, but we were told that it was late because we did not file before 5/1/04. We review and we did not received any forms from the Department of State before 5/1/04 .

We moved, and our mailing address change, and maybe it was the reason that we did not received any form We are a small business and we can not afford to pay an additional fee to reinstate our corporation. Please renew our corporation as the regular fee without the penalty.

We appreciate your help.

Sincerely,



Jesus Wilches, President

Attached:
Annual report and check.