

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000048596**

1. Entity Name  
**SCHOOL MANAGEMENT SYSTEMS, INC.**



Principal Place of Business

**1500 SAN REMO AVE  
400  
MIAMI, FL 33146 US**

Mailing Address

**1500 SAN REMO AVE  
400  
MIAMI, FL 33146 US**



01072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-0912136**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**FUENTE, JOSE E  
1500 SAN REMO AVE  
400  
MIAMI, FL 33146**

**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, 2008 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	KRUTULIS, MARIAN C
STREET ADDRESS	1500 SAN REMO AVE #400
CITY-ST-ZIP	MIAMI, FL 33146
TITLE	D
NAME	KRUTULIS, JOHN W
STREET ADDRESS	1500 SAN REMO AVE #400
CITY-ST-ZIP	MIAMI, FL 33146
TITLE	D
NAME	FUENTE, JOSE E
STREET ADDRESS	1500 SAN REMO AVE #400
CITY-ST-ZIP	MIAMI, FL 33146
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/09/08-80013-012 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

*Jose E Fuente* CTO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/08  
Date

(305) 666-6385  
Daytime Phone #