

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000094011

FILED
Apr 20, 2004
Secretary of State

Entity Name: SIGMA SYSTEMS SOLUTIONS, INC

Current Principal Place of Business:

11153 NW 2ND CT.
CORAL SPRINGS, FL 33071

New Principal Place of Business:

Current Mailing Address:

11153 NW 2ND CT.
CORAL SPRINGS, FL 33071

New Mailing Address:

FEI Number: 65-0961329 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LETZEN, NESTOR JORGE
11153 NW 2ND CT.
CORAL SPRINGS, FL 33071

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: IGLESIAS, DANIEL
Address: 2934 E SIERRA MAGRE BLVD
City-St-Zip: PASADENA, CA 91107

Title: V () Delete
Name: LETZEN, NESTOR
Address: 11153 NW 2ND CT
City-St-Zip: POMPANO BEACH, FL 33071

Title: S () Delete
Name: IGLESIAS, PATRICIA
Address: 2934 E SIERRA MADRE BLVD
City-St-Zip: PASADENA, CA 91107

Title: T () Delete
Name: LETZEN, PATRICIA
Address: 11153 NW 2ND CT
City-St-Zip: POMPANO BEACH, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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 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: NESTOR LETZEN

V

04/20/2004

Electronic Signature of Signing Officer or Director

_____ Date