

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000094011

FILED  
Mar 04, 2009  
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      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: \_\_\_\_\_

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 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: NESTOR LETZEN

VP

03/04/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date