## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** May 01, 2006 08:00 A DOCUMENT # V22555 **Secretary of State** FRANCIS INTERNATIONAL COMPUTER SYSTEMS, INC. Principal Place of Business Mailing Address 7220 NW 31ST ST. 7220 NW 31ST ST. MIAMI, FL 33122 MIAMI, FL 33122 04222006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0392504 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MONTEIRO, KEVIN DO NOT WRITE 7923 NW 38 CT. **DAVIE, FL 33024** 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 9. Election Campaign Financing \$5.00 May Be U00000552119 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees (15/13/06-80126-004 150.00 OFFICERS AND DIRECTORS 10, TITLE MONTEIRO, KEVIN NAME 7923 NW 38 CT. STREET ADDRESS CITY-ST-ZIP **DAVIE, FL 33024** TITLE NAME MONTEIRO, MONIQUE J 7923 NW 38 CT. STREET ADDRESS **DAVIE, FL 33024** CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 line empowered.

TITLE NAME STREET ADDRESS CITY-ST-789

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO