

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 12, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # V64313**

1. Entity Name  
**SYSTEM ONE INTERNATIONAL, INC.**



Principal Place of Business  
**7509 YARDLY WAY  
TAMPA, FL 33647 US**

Mailing Address  
**7509 YARDLY WAY  
TAMPA, FL 33647 US**



01092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3148680</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**ROMAN, CARLOS III  
5041 WESLEY AVENUE  
TAMPA, FL 33647**

**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 Ivonne Roman V.P.  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1-9-07  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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	ROMAN, CARLOS III
STREET ADDRESS	7509 YARDLY WAY
CITY-ST-ZIP	TAMPA, FL 33647

TITLE	D
NAME	ROMAN, IVONNE
STREET ADDRESS	7509 YARDLY WAY
CITY-ST-ZIP	TAMPA, FL 33647

TITLE	
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**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: Ivonne Roman V.P. 1-9-07 813-972-5539  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #