

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 08:00 A
Secretary of State

DOCUMENT # P0000063162

1. Entity Name
MICRO SYSTEMS CONSULTANTS INC.



Principal Place of Business Mailing Address

6493 AMBER WOODS DRIVE **6493 AMBER WOODS DRIVE**
BOCA RATON, FL 33433 **BOCA RATON, FL 33433**

DO NOT WRITE IN THIS SPACE



03242008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1026447	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KISS, JUDY L
6493 AMBER WOODS DRIVE
BOCA RATON, FL 33433

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

U00000872751
04/10/08-80051-015 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO KISS, JUDY 6493 AMBERWOODS DRIVE BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO KISS, WILLIAM 6493 AMBERWOODS BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Judy Kiss* **Judy Kiss** **3-24-08** **561-367-0977**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #