

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90392 018 \*\*\*158.75

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1. Entity Name  
COMPU CITY CORPORATION



Principal Place of Business  
4471 NORTHWEST 36TH STREET  
SUITE 220  
MIAMI FL 33166

Mailing Address  
P.O. BOX 35-1472  
MIAMI FL 33135



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1054253

Applied For  
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLE, JORGE  
7352 SW 8TH ST. #107  
MIAMI FL 33144

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD  
NAME NOLE, JORGE  Delete  
STREET ADDRESS 7352 SW 8TH STREET #107  
CITY-ST-ZIP MIAMI FL 33144

TITLE PSTD  
NAME ROSARIO, MARCOS  Change  Addition  
STREET ADDRESS 515 SW 12 AVE # 523-A  
CITY-ST-ZIP MIAMI, FL. 33130

TITLE  
NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  Delete  
STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

*Marcos Rosario*

04/20/2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)