


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

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90083 045 ***150.00

DOCUMENT # *PO2000102468*

1. Entity Name
Compu Solutions Inc.



24002861

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
385 NE 79 Street
Suite, Apt. #, etc.

3. Mailing Address
385 NE 79 Street
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami

City & State
Miami

4. FEI Number 33-1023703 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

Zip 33138 Country Miami-Dade Zip 33138 Country Miami-Dade

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Leonardo Torres

Street Address (P.O. Box Number is Not Acceptable)
385 NE 79 Street

City Miami FL Zip Code 33138

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]* Miguel Fuentes January 14, 2004

(NOTE: Registered Agent signature required when reinstating.) DATE

January 1, May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Miguel Fuentes / President 385 NE 79 Street Miami, FL 33138	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fernando Machado / Vice-President 385 NE 79 Street Miami, FL 33138	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Miguel Fuentes Jan 14, 2004 (305)754-8800 ext. *[ext. number]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #