FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90097 030 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000153468

1. Entity Name
CARIBBEAN COMPUTER CENTER INC.

60009443

01172007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
10302 NW SOUTH RIVER DRIVE CARGO BAY #13 MEDLEY, FL 33178	10302 NW SOUTH RIVER DRIVE CARGO BAY #13 MEDLEY, FL 33178

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6131 SW 93rd Ave	6131 SW 93rd Ave
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State: Miami FL
Zip: 33173 Country	Zip: 33173 Country

4. FEI Number: 20-0497483 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CRIADO, GEORGE E
10302 NW SOUTH RIVER DRIVE
CARGO BAY #13
MEDLEY, FL 33178

7. Name and Address of New Registered Agent

Name: Arnold Avedon
Street Address (P.O. Box Number is Not Acceptable): 6131 SW 93rd Avenue
City: Miami FL Zip Code: 33173

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: x Arnold Avedon x 1/24/07
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, 2007 Fee will be $550.00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D TOFAFAROSH, MURTUZA 10302 NW SOUTH RIVER DRIVE, CARGO BAY #13 MEDLEY, FL 33178	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Tofafarosh, murtuza 7800 57th Ave, Ste 117-A South Miami, FL 33143	☑ Change ☐ Addition
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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: x [signature] x 01/24/07 786 200 9322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #