2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 26, 2004 08:00 AM DOCUMENT # \$16762 Secretary of State 1. Entity Name BUSINESS COMPUTER ASSOCIATES, INC. Principal Place of Business Mailing Address 8780 NW 18TH TERR MIAMI FL 33172 8780 NW 18TH TERR MIAMI FL 33172 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State Applied For City & State 4. FEI Number 65-0229750 Not Applicable Zso Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RODRIGUEZ, MARIO 12200 SW STREET Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33184 City Zio 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 applicabiliti (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Addition MLE Dalete TITE Change | RODRIGUEZ, MARIO NAME NAME U00000067474 02/27/04-80001-012 158.75 STREET ADDRESS 12200 SW 1 ST. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33184 CITY-ST-ZIP Celete THE STOF Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CETY-ST-ZIP Defete TITLE Change Addition TITLE NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Delete TELLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-57-28P Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-Z8P TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CATY-ST-ZAP 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 puth an addition, with all other like empowered.

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