


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90091 012 ***158.75

DOCUMENT # S96762	
1. Entity Name ALLPLUS COMPUTER SYSTEMS CORP.	

Principal Place of Business 3069 N.W. 107TH AVE MIAMI, FL 33172 US	Mailing Address 3069 N.W. 107TH AVE MIAMI, FL 33172 US
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60025015

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03162007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0297379	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
RODRIGUES, JOSE J 3069 N.W. 107TH AVE MIAMI, FL 33172

7. Name and Address of New Registered Agent
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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS RODRIGUES, JOSE JERONIMO <input type="checkbox"/> Delete 10909 N.W. 67TH STREET MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RODRIGUES ALBERTO M.J. <input type="checkbox"/> Delete 10909 N.W. 67TH STREET MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T RODRIGUES EDUARDO J. <input type="checkbox"/> Delete 10909 N.W. 67TH STREET MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GONZALEZ, JAVIER <input checked="" type="checkbox"/> Delete 7764 W 14TH CT HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS RODRIGUES, JOSE J <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6957 NW 109 AVE DORAL, FL, 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RODRIGUES, ALBERTO M.J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6957 NW 109 AVE DORAL, FL, 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T RODRIGUES, EDUARDO J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6957 NW 109 AVE DORAL, FL, 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RODRIGUES, CAMILO J.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6957 NW 109 AVE DORAL, FL, 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **CAMILLO J.D. RODRIGUES** 07/16/07 (305) 436-3993 #104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #