## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SISNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER O

## Feb 08, 2008 8:00 am **Secretary of State** DOCUMENT # S96762 02-08-2008 90034 039 \*\*\*158.75 ALLPLUS COMPUTER SYSTEMS CORP. Principal Place of Business Mailing Address 3069 N.W. 107TH AVE 3069 N.W. 107TH AVE MIAMI, FL 33172 US MIAMI, FL 33172 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02072008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0297379 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RODRIBUES, ALBERTO M. J. RODRIGUES, JOSE J Street Address (P.O. Box Number is Not Acceptable) 3069 N.W. 107TH AVE MIAMI, FL 33172 3069 N.W. 107th AVENUE City DORAL 239942 8. The above named entity submy is 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 age 07/07/08 SIGNATURE Signature, types or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Addition Change RODRIGUES, ALBERTO M.J. NAME RODRIGUÈS, JOSE JERONIMO NAME 9657 NW 109 AVE 6957 N.W. 109 AVE STREET ADORESS STREET ADDRESS DORAL ; FL 33178 CITY-ST-ZIP DORAL, FL 33178 CITY-ST-71P TITLE ☐ Delele TITLE 🔼 Change Addition RODRIGUES, EDUARDO JOSE NAME RODRIGUES ALBERTO M.J. NAME STREET ADDRESS 6957 NW 109 AVE 6957 N.W. 109 AVE STREET ADDRESS CITY-ST-ZIP **DORAL, FL 33178** CITY-ST-ZIP DORAL, FL 33178 TITLE Delete TITLE Change 1 ☐ Addition NAME RODRIGUES EDUARDO J. PODRIGUES, CAMILO J.D. NAME STREET ADDRESS 6957 NW 109 AVE 6957 N.W. 109 AVE STREET ADDRESS CITY - ST - 7/F **DORAL, FL 33178** CITY-ST-ZIP DORAL, FL 33178 ☐ Delete TITLE Change ☐ Addition RODRIGUES, CAMILO J.D. MAME NAME STREET ADDRESS 6957 NW 109 AVE STREET ADDRESS CITY+ST-ZIP **DORAL, FL 33178** CITY-ST-ZIP TITLE Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 expowered 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.

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