

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000127412

Entity Name: R.C.K. COMPUTING SOLUTION INC.**Current Principal Place of Business:**16436 SOUTHWEST 27 STREET
MIRAMAR, FL 33027**Current Mailing Address:**P.O. BOX 279441
PEMBROKE PINES, FL 33027**FEI Number:** 25-1919556**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LAPOINTE, MYLRICK F SR.
16436 SW 27 STREET
MIRAMAR, FL 33027 US*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.***SIGNATURE:** MYLRICK LAPOINTE

01/28/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|---------------------------|
| Title | PD |
| Name | LAPOINTE, MYLRICK F |
| Address | 16436 SOUTHWEST 27 STREET |
| City-State-Zip: | MIRAMAR FL 33027 |

| | |
|-----------------|---------------------------|
| Title | STD, VP |
| Name | LAPOINTE, CHANTAL |
| Address | 16436 SOUTHWEST 27 STREET |
| City-State-Zip: | MIRAMAR FL 33027 |

| | |
|-----------------|---------------------------|
| Title | TREASURER |
| Name | LAPOINTE, MYLRICK H JR. |
| Address | 16436 SOUTHWEST 27 STREET |
| City-State-Zip: | MIRAMAR FL 33027 |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MYLRICK LAPOINTE

PRESIDENT

01/28/2022

Electronic Signature of Signing Officer/Director Detail

Date