2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Jan 28, 2004 08:00 AM **DOCUMENT # 394253** Secretary of State 1. Entity Name COMPUTER CENTER INC. OF MIAMI Principal Place of Business Mailing Address 7374 SW 48TH STREET MIAMI FL 33155 7374 SW 48TH STREET MIAMI FL 33155 US 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #. etc. CR2E034 (11/03) 4. FEI Number Applied For City & State City & State 59-1373758 Not Applicable \$8.75 Additional $Z_{i}p$ Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RODRIGUEZ, SARA Street Address (P.O. Box Number is Not Acceptable) 6321 SW 41 AVE. MIAMI FL 33165 Zip Code City FL 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 DATE (NOTE, Redistered Agent signature required when reinstating) 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change Addition THE Delete TITLE 000000018118 01/28/04-80122-012 150.00 NICHOLS, FO NAME NAME STREET ADDRESS STREET ADDRESS 6585 SW 69TH AVE CITY-ST-ZIP MIAMI FL CITY ST-ZIP ☐ Change Addition BILE Belete TITLE NICHOLS, SUE C NAME NAME STREET ADDRESS STREET ADDRESS 6585 SW 69TH AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE TITLE ☐ Delete NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete THILE Change Addition 7135 F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TILE Delete TITLE NAME NAME SIREET ADDRESS STREET ADDRESS CITY-ST-ZIP CODY-ST-7IP 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 suppliermental 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.

FILED