

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2004 08:00 AM
Secretary of State

DOCUMENT # 446909	
1. Entity Name MIAMI COMPUTER SYSTEMS, INC.	

Principal Place of Business 1519 ROBBIA AVENUE CORAL GABLES, FL 33146	Mailing Address 1519 ROBBIA AVENUE CORAL GABLES, FL 33146
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01052004 No Chg-P CRZE034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-156600T	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CARVAJAL, PEDRO J. 1519 ROBBIA AVE. CORAL GABLES, FL 33146
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IN THIS SPACE**

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 (file if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARVAJAL, PEDRO J. 1519 ROBBIA AVENUE CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARVAJAL, PEDRO III 1519 ROBBIA AVE. CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CARVAJAL, MARTA C. 1519 ROBBIA AVE. CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 employees.

SIGNATURE: *Pedro Carvajal* **Pedro J. Carvajal** **President** **01/17/2004** **(305) 661-6656**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #