

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 446909

FILED
Feb 04, 2009
Secretary of State

Entity Name: MIAMI COMPUTER SYSTEMS, INC.

Current Principal Place of Business:

1519 ROBBIA AVENUE
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

1519 ROBBIA AVENUE
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 59-1566001

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARVAJAL, PEDRO J.
1519 ROBBIA AVE.
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CARVAJAL, PEDRO J.,
Address: 1519 ROBBIA AVENUE
City-St-Zip: CORAL GABLES, FL

Title: VD () Delete
Name: CARVAJAL, PEDRO III,
Address: 1519 ROBBIA AVE.
City-St-Zip: CORAL GABLES, FL

Title: ST () Delete
Name: CARVAJAL, MARTA C.,
Address: 1519 ROBBIA AVE.
City-St-Zip: CORAL GABLES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CARVAJAL, PEDRO J.,
Address: 1519 ROBBIA AVENUE
City-St-Zip: CORAL GABLES, FL 33146 US

Title: VD (X) Change () Addition
Name: CARVAJAL, PEDRO III,
Address: 1519 ROBBIA AVE.
City-St-Zip: CORAL GABLES, FL 33146 US

Title: ST (X) Change () Addition
Name: CARVAJAL, MARTA C.,
Address: 1519 ROBBIA AVE.
City-St-Zip: CORAL GABLES, FL 33146 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PEDRO J. CARVAJAL

PD

02/04/2009

Electronic Signature of Signing Officer or Director

Date