


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

05 JUN 16 AM 8:29


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F79743 1. Entity Name COMPUQUIP TECHNOLOGIES, INC.	
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Principal Place of Business 8399 N.W. 30TH TERRACE MIAMI, FL 33122-1916 US	Mailing Address 8399 NW 30 TERRACE MIAMI, FL 33122-1916 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip	City & State Zip
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06092005 Chg-P CR2E034 (10/03)

4. FEI Number 59-2189948	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DOSAL, ALBERTO 8399 N.W. 30TH TERRACE MIAMI, FL 33122-1916	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOSAL, ALBERTO 8399 N.W. 30TH TERRACE MIAMI, FL 331221916	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP Dreher, Brian Alan 8399 NW 30 Terrace Miami, FL 331221916
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOSAL, LOURDES 8399 N.W. 30TH TERRACE MIAMI, FL 331221916	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EWING, THOMAS 8399 NW 30TH TERRACE MIAMI, FL 331221916	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]

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 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 another like authority.

SIGNATURE: *Alberto Dosal* Alberto Dosal Date: 6/13/05 305-436-7272 Daytime Phone #