


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 25, 2008 8:00 am**  
**Secretary of State**

01-25-2008 90022 031 \*\*\*158.75

**DOCUMENT # F79743**  
 1. Entity Name  
**COMPUQUIP TECHNOLOGIES, INC.**



Principal Place of Business      Mailing Address  
**8399 N.W. 30TH TERRACE**      **8399 NW 30 TERRACE**  
**MIAMI, FL 33122-1916 US**      **MIAMI, FL 33122-1916 US**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

01142008      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**59-2189948**      Not Applicable

5. Certificate of Status Desired       **\$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

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	DOSAL, ALBERTO	
STREET ADDRESS	8399 N.W. 30TH TERRACE	
CITY-ST-ZIP	MIAMI, FL 331221916	
TITLE	S	<input type="checkbox"/> Delete
NAME	DOSAL, LOURDES	
STREET ADDRESS	8399 N.W. 30TH TERRACE	
CITY-ST-ZIP	MIAMI, FL 331221916	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOSAL, ERIC	
STREET ADDRESS	8399 NW 30TH TERRACE	
CITY-ST-ZIP	MIAMI, FL 331221916	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOSAL, BRIAN	
STREET ADDRESS	8399 NW 30TH TERRACE	
CITY-ST-ZIP	MIAMI, FL 33122	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RENE I. CARRASCO	
STREET ADDRESS	8399 NW 30 TERR	
CITY-ST-ZIP	DORAL, FL 331221916	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

**SIGNATURE:** Alberto Dosal      1/22/08      (305) 436-7272  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #