

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006426

FILED  
Mar 23, 2005  
Secretary of State

Entity Name: COMPUSYS INSURANCE SERVICES, INC.

## Current Principal Place of Business:

3620 BIRCH STREET, STE 200  
NEWPORT BEACH, CA 92660

## New Principal Place of Business:

3620 BIRCH STREET  
SUITE #200  
NEWPORT BEACH, CA 92660

## Current Mailing Address:

3857 BIRCH STREET, PMB #404  
NEWPORT BEACH, CA 92660

## New Mailing Address:

3857 BIRCH STREET  
SUITE #404  
NEWPORT BEACH, CA 92660

FEI Number: 95-4199620

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 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: PVSD ( ) Delete  
Name: ALVAREZ, ANDRES C  
Address: 3620 BIRCH STREET, STE 200  
City-St-Zip: NEWPORT BEACH, CA 92660

Title: TD ( ) Delete  
Name: ALVAREZ, MARISELA  
Address: 3620 BIRCH STREET, STE 200  
City-St-Zip: NEWPORT BEACH, CA 92660

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANDRES C. ALVAREZ

PVSD

03/23/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date