

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 18, 2007 8:00 am
Secretary of State

06-18-2007 90003 028 ***150.00

DOCUMENT # G18216

1. Entity Name
MANAGEMENT & COMPUTER CONSULTANTS, INC.



Principal Place of Business
**8306 MILLS DR
686
MIAMI, FL 33183**

Mailing Address
**8306 MILLS DR
686
MIAMI, FL 33183**

401411



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05242007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-2254978

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COFINO, PEDRO A
407 LINCOLN ROAD
SUITE 2B
MIAMI BEACH, FL 33139**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DPS
COFINO, NORBERTO J
10551 SW 66 TR
MIAMI, FL 33173** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/07

Date

305 596 1146

Daytime Phone #

ATTACHMENT
40121023
#618216

May 1, 2007

Florida Department of State
Annual Report

Dear Sir/Madam:

As you can see I tried to logon to your system to pay for the annual report but it was unavailable, please accept my payment by check.

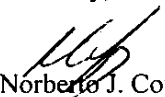
I also received the notice late. My address should read.

Management & Computer Consultants, Inc.
8306 Mills Dr.
686
Miami, fl 33183

I hope you understand.

Thanks.

Sincerely,


Norberto J. Cofiño
Management & Computer Consultants, Inc.



ATTACHMENT 40121023
G18216
Division of Corporations

We're sorry but the Public Access System is unable to process your request at this time. Press your browsers' BACK arrow to retry your request, or return to the Division of Corporations' Public Access System main page.