

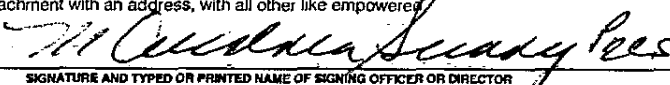


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2005 08:00 AM
Secretary of State

DOCUMENT # G98855 1. Entity Name S & C COMPUTER AND MANAGEMENT SERVICES, INC.			
Principal Place of Business % MARIA A. SUAREZ 7647 SW 93RD CT MIAMI, FL 33173		Mailing Address % MARIA A. SUAREZ 7647 SW 93RD CT MIAMI, FL 33173	
DO NOT WRITE IN THIS SPACE			
		 04142005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2423725 Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SUAREZ, MARIA A. 7647 SW 93RD CT MIAMI, FL 33173		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		PTD SUAREZ, MARIA A. 7647 SW 93RD CT MIAMI, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		VSD CRESPO, OFELIA 7647 SW 93RD CT MIAMI, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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		4/15/05 + (305) 596 4218 Date Daytime Phone #	