


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90078 046 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # K34111</b>                             |  |
| 1. Entity Name<br><b>COMPUTERPRO SOFTWARE, CORP.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>7340 SW 48 ST<br/>SUITE 108<br/>MIAMI, FL 33155</b> | Mailing Address<br><b>7340 SW 48 ST<br/>SUITE 108<br/>MIAMI, FL 33155</b> |
|---|---|

|   |   |
|---|---|
| 2. Principal Place of Business - No P.O. Box #<br><b>2301 SW 63 AVE</b> | 3. Mailing Address<br><b>2301 SW 63 AVE</b> |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.                         |

|                                  |                                  |
|----------------------------------|----------------------------------|
| City & State<br><b>MIAMI, FL</b> | City & State<br><b>MIAMI, FL</b> |
| Zip<br><b>33155</b>              | Country<br><b>USA</b>            |
| Zip<br><b>33155</b>              | Country<br><b>USA</b>            |

40000



01162008 Chg-P CR2E034 (12/06)

|   |  |
|---|--|
| 4. FEI Number<br><b>65-0074651</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

|  |   |
|--|---|
| 6. Name and Address of Current Registered Agent<br><b>TORRES, EVELIO T.<br/>2301 SOUTHWEST 63RD AVENUE<br/>MIAMI, FL 33155</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 *E. J. TORRES* **EVELIO T. TORRES** 01/16/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|--|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PST<br/>TORRES, EVELIO T., ESQ.<br/>2301 S.W. 63RD AVE.<br/>MIAMI, FL</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>TORRES, EVELIO T., ESQ.<br/>2301 S.W. 63RD AVE.<br/>MIAMI, FL</b> <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> 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: *E. J. TORRES* **EVELIO T. TORRES** 01/16/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #