2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State
03-15-2005 90026 039 ***150.00

DOCUMENT # K41384

1. Entity Name

ON SITE COMPUTER SERVICES, INC.

Principal Place of Business	Mailing Address
~~1601 MIAMI GARDENS DR.~~ ~~APT. 203~~ ~~NORTH MIAMI BEACH FL 33179~~ 2895 WEST PROSPECT RD. F. LAUDERDALE FL. 33309	~~1601 MIAMI GARDENS DR.~~ ~~APT. 203~~ ~~NORTH MIAMI BEACH FL 33179~~
2. Principal Place of Business 2 Floor P. O. BOX 630759	3. Mailing Address P O BOX 630759
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State MIAMI. FL.	City & State MIAMI FL.
Zip 33163 Country	Zip 33163-0759 Country

66012659

1st MOORE CR2E034 (10/04)

4. FEI Number 65-0107862 ☐ Applied For ☐ Not Applicable

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
RUIZ, MIKE ~~1601 MIAMI GARDENS DRIVE~~ Wrong APT. #203-N MIAMI BEACH FL 33179	Name Ruiz MIKE Street Address (P.O. Box Number is Not Acceptable) P.O. Box 630759 City MiAmi FL Zip Code 33163/0759

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS RUIZ, MIKE ~~1601 MIAMI GARDENS DR.~~ NO. MIAMI BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MIKE RUIZ P.O BOX 630759 MIA. FL 33163	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RUIZ, MIKE ~~1601 MIAMI GARDENS DR.~~ NO. MIAMI BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MIKE RUIZ 2895 WEST PROSPECT Road 2 Floor F. LAUDERDALE FLA. 33309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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 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 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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR