

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 A
Secretary of State

DOCUMENT # K51222

1. Entity Name
B & R COMPUTER SERVICE, INC.



Principal Place of Business
**427 W SUNRISE BLVD
FT LAUDERDALE, FL 33311 US**

Mailing Address
**PO BOX 1518
SAHUARITA, AZ 85629 US**



02042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0087708	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ABI FARAJ, RAYYA
1212 NW 102 WY
CORAL SPRINGS, FL 33071**

**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

[Signature]
Signature typed or printed name of registered agent and title if applicable.

RAYYA ABIFARAJ

2-5-07

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ABI FARAJ, RAYYA
STREET ADDRESS	427 W SUNRISE BLVD
CITY-ST-ZIP	FT LAUDERDALE, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/20/07-80136-024 150.00

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAYYA ABIFARAJ

2-5-07 (954) 3254418

Date

Daytime Phone #