AMENDED

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

2004 OCT -1 AM 8:21

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L02000001642

1. Entity Name

LAPTOP DEPOT, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9990 NW 14 Street	9990 NW 14 Street
Suite, Apt. #, etc.: Suite 109	Suite, Apt. #, etc.: Suite 109
City & State: Miami, FL	City & State: Miami, FL
Zip: 33172 Country:	Zip: 33172 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number 41-2025167 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: SILVA CASTRO, CARLOS AUGUSTO

Street Address (P.O. Box Number is Not Acceptable): 6914 MINDELO STREET

City: CORAL GABLES **FL** Zip Code: 33144

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: _____ SILVA CASTRO, CARLOS AUGUSTO 09/29/04

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SILVA, CLAUDIA 6914 Mindelo St., Coral Gables, FL 33144
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SILVA CASTRO, CARLOS AUGUSTO 6914 Mindelo St., Coral Gables, FL 33144
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ SILVA CASTRO, CARLOS A. 09/29/04 (305) 715-7272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #