

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L27875

FILED
Jan 04, 2008
Secretary of State

Entity Name: COMPUTER SYSTEMS AND SOFTWARE, INC.

Current Principal Place of Business:

1200 ANASTASIA AVENUE
SUITE 320
CORAL GABLES, FL 33134 US

New Principal Place of Business:

7450 SW 164 STREET
VILLAGE OF PALMETTO BAY, FL 33157 US

Current Mailing Address:

PO BOX 56-0563
MIAMI, FL 33256 US

New Mailing Address:

FEI Number: 65-0166614 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, JAMES A.
7450 SW 164 STREET
VILLAGE OF PALMETTO BAY, FL 33157 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: THOMAS, JAMES A.,
Address: 7450 SW 164 STREET
City-St-Zip: VILLAGE OF PALMETTO BAY, FL 33157

Title: VSTD () Delete
Name: THOMAS, JAMIE,
Address: 7450 SW 164 STREET
City-St-Zip: VILLAGE OF PALMETTO BAY, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES A. THOMAS

PD

01/04/2008

Electronic Signature of Signing Officer or Director

Date