

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # L70337

1. Entity Name
ANDERSON COMPUTER SERVICES, INC.



Principal Place of Business
2829 BIRD AVE
PMB 301
COCONUT GROVE, FL 33133 US

Mailing Address
2829 BIRD AVE
PMB 301
COCONUT GROVE, FL 33133 US



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0192012

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANDERSON CLAIRE
2829 BIRD AVENUE
PMB 301
COCONUT GROVE, FL 33133

**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 _____ (NOTE: Registered Agent signature required when refiling) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	ANDERSON, CLAIRE
STREET ADDRESS	2829 BIRD AVE. PMB 301
CITY-ST-ZIP	COCONUT GROOVE, FL 33133
TITLE	T
NAME	SHULMAN, RUSSELL
STREET ADDRESS	2829 BIRD AVE PMB 301
CITY-ST-ZIP	COCONUT GROOVE, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/24/05-80008-002 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Claire Anderson Pres. 1/14/05 305-447-8771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #