

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L82605

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: WISE COMPUTER DECISIONS, INC.

**Current Principal Place of Business:**

5173 NW 113 AVE  
335-A  
DORAL, FL 331783532 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 66-7808  
MIAMI, FL 331667808 US

**New Mailing Address:**

FEI Number: 65-0203328

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MONTES DE OCA, MARCOS  
5173 N.W. 113TH AVE  
DORAL, FL 331783532 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: P ( ) Delete  
Name: MONTES DE OCA, MARCOS E P  
Address: 5173 NW 113TH AVE  
City-St-Zip: MIAMI, FL 331783532

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: MARCOS MONTES DE OCA

P

04/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date