


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2005 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # M57929 |  |
| 1. Entity Name TEK-STAR COMPUTER SERVICE, INC. | |

| | |
|--|--|
| Principal Place of Business 5756 W PARK RD HOLLYWOOD, FL 33021 US | Mailing Address 5756 W PARK RD HOLLYWOOD, FL 33021 US |
|--|--|



05302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|--|---|
| 4. FEI Number 59-2836939 | 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

GONZALES, CALIXTO
10637 N KENDALL DR
#74
MIAMI, FL 33176

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

1100000369030
06/06/05 00000 002 150.00

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | |
|------------------------|-------------------|
| TITLE | PSD |
| NAME | CORREA, CARLOS G. |
| STREET ADDRESS | 5756 W PARK RD |
| CITY - ST - ZIP | HOLLYWOOD, FL |
| TITLE | MGR |
| NAME | CORREA, CHRISTINA |
| STREET ADDRESS | 6917 NW 173RD DR |
| CITY - ST - ZIP | MIAMI, FL 33015 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

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)(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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Christina Correa Christina Correa 5/30/05 9549641800

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