## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 23, 2004 08:00 AM Secretary of State

	ANNUAL	REPORT		Secretary of State
DOCUMENT # P0000016669				secretary or state
1. Entity Name COMPUT	ECH PRODUCTS INC.			
Principal Place of Business Mailing Address 1602 NW 84 AVE 1602 NW 84 AVE MIAMI, FL 33126 MIAMI, FL 33126				
D	O NOT WRITE		CE	01152004 No Chg-P CR2E034 (10/03)  4. FEI Number Applied For S5-1017562 Not Applicable  5. Certificate of Status Desired Fee Required
	5. Name and Address of Current Re	dictered Agent		
ALFONSO, JORGE 1602 NW 84 AVE MIAMI, FL 33126			.]	DO NOT WRITE IN THIS SPACE
8. The above framed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent.  SIGNATURE  State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent.  SIGNATURE  State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent.  SIGNATURE  State of Florida. Lam familiar with, and accept the obligations of registered agent				
FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.			. Ll Add	0.00 May Be U0.0000011407 Jud to Fees 01/23/04-80037-002 158.75
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JUAN, RICARDO ANTONIO 1602 NW 84 AVE MIAMI, FL 33126	RECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u></u>	<u>.</u>	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
NAME NAME STREET ADDRESS CITY-ST-ZIP	Λ			
12. I hereby indicated of the corchanged	certify that the information supplied with to on this report or supplemental report is reporation or the receiver or trustee entropy, or on an attachment with an address, where	his filing does not quality for the ex rue and accurate and that my sign vered to execute this report as req th all other like empowered.	emption stated in S ature shall have the uired by Chapter 60	section 119.07(3)(i), Florida Statutes, I further certify that the information same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes, and that my name appears in Block 10 or Block 11 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR