


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000025878 1. Entity Name COMPU CARE "CARE FOR THE HOME COMPUTER" CO.	
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Principal Place of Business 2829 SW 4TH ST BOYNTON BEACH, FL 33435	Mailing Address PO BOX 134 BOYNTON BEACH, FL 33425
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02022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1036402	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

GOMEZ, FRANCISCO L
2829 SW 4TH ST
BOYNTON BEACH, FL 33435

**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)

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 NAME STREET ADDRESS CITY - ST - ZIP	PS GOMEZ, FRANCISCO L 2829 SW 4TH STREET BOYNTON BEACH, FL 33435
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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03/24/05-80023-011 158.75

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day _____

Daytime Phone # _____