


FILED
Apr 20, 2005 8:00 am
Secretary of State

50039835

DOCUMENT # P00000057617

1. Entity Name
COMPU HARDWARE INC.




04-20-2005 90332 016 ***150.00

Secretary of State

Principal Place of Business
141 N.E. 3RD AVENUE
#604
MIAMI, FL 33132

Mailing Address
141 N.E. 3RD AVENUE
#604
MIAMI, FL 33132

50039835



2. Principal Place of Business
141 NE 3rd Ave.
Suite, Apt. #, etc.
406
City & State
Miami, FL
Zip
33132
Country

3. Mailing Address
141 NE 3rd Ave.
Suite, Apt. #, etc.
406
City & State
Miami, FL
Zip
33132
Country

04112005Chg-PCR2E034 (10/03)

4. FEI Number
65-1018070
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
VALENCIA, JESUS A
8255 NW 6 TERRACE
#224
MIAMI, FL 33126

7. Name and Address of New Registered Agent
Name
Valencia, Jesus A.
Street Address (P.O. Box Number is Not Acceptable)
14907 SW 80 St., #102
City
MiamiFL
Zip Code
33193

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]
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
SD
VALENCIA, JESUS A
8255 NW 6 TERRACE
MIAMI, FL 33126
Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
VALENCIA, JOSE A
8255 NW 6 TERRACE
MIAMI, FL 33126
Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
Valencia, Jesus A.
14907 SW 80 St. #102
Miami, FL 33193
Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

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, without other like empowered.

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