

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91317 033 \*\*\*150.00

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DOCUMENT # P0000076518



1. Entity Name  
PRINTER COMPUTER'S SERVICE CORPORATION

Principal Place of Business  
8895 FONTAINEBLEAU BLVD  
STE 406  
MIAMI FL 33172

Mailing Address  
8895 FONTAINEBLEAU BLVD  
STE 406  
MIAMI FL 33172



2. Principal Place of Business  
2700 FIORE WAY

3. Mailing Address  
2700 FIORE WAY

Suite, Apt. #, etc.  
201

Suite, Apt. #, etc.  
201

CHECK HERE IF MAKING CHANGES

City & State  
DELRAY BEACH FL.

City & State  
DELRAY BEACH FL.

4. FEI Number 65-1052587

Applied For  
Not Applicable

Zip 33445 Country USA

Zip 33445 Country USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RANGEL, CARLOS H  
8895 FONTAINEBLEAU BLVD  
STE 406  
MIAMI FL 33172

Name CARLOS H. RANGEL  
Street Address (P.O. Box Number is Not Acceptable)  
2700 FIORE WAY APT 201  
City DELRAY BEACH FL Zip Code 33445

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 Carlos H Rangel

DATE 02/27/03

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, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, JAVIER O 8895 FONTAINEBLEAU BLVD STE 406 MIAMI FL 33172	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANGEL, CARLOS H 8895 FONTAINEBLEAU BLVD STE 406 MIAMI FL 33172	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, JAVIER O 2700 FIORE WAY APT. 201 DELRAY BEACH FL 33445	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANGEL, CARLOS H 2700 FIORE WAY APT. 201 DELRAY BEACH FL. 33445	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: ~~CARLOS H RANGEL~~ SIGNATURE REQUIRED

DATE 02/27/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (10/02)