


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90440 023 \*\*\*150.00

<b>DOCUMENT # P00000101186</b>	
1. Entity Name <b>COMPUZARD, INC.</b>	

Principal Place of Business <b>2884 TENNIS CLUB DR. 702 WEST PALM BEACH, FL 33417</b>	Mailing Address <b>2884 TENNIS CLUB DR. 702 WEST PALM BEACH, FL 33417</b>
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2. Principal Place of Business <b>217 MONTEREY WAY</b> Suite, Apt. #, etc.	3. Mailing Address <b>217 MONTEREY WAY</b> Suite, Apt. #, etc.
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04302004 Chg-P CR2E034 (10/03)

City & State <b>ROYAL PALM BEACH, FL</b>	City & State <b>ROYAL PALM BEACH, FL</b>
Zip <b>33411</b>	Zip <b>33411</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>59-3679447</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>SHAM, RONAK 2884 TENNIS CLUB DR. #702 WEST PALM BEACH, FL 33417</b>	
7. Name and Address of New Registered Agent Name <b>SHAH, RONAK</b> Street Address (P.O. Box Number is Not Acceptable) <b>217 MONTEREY WAY</b> City <b>ROYAL PALM BEACH</b> FL Zip Code <b>33411</b>	

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 *Ronak* DATE 4/30/2004  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SHAH, SAURABH 2884 TENNIS CLUB DR. UNIT 702 WEST PALM BEACH, FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SHAH, SAURABH 5065 MAIN ST. #307 TRUMBULL, CT 06611 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: *Saurabh* DATE 4/30/2004 203-526-2646  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR