

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000102807

FILED
Apr 03, 2008
Secretary of State

Entity Name: COMPUWIZ GROUP OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

4009 NW 79 AVE
DORAL, FL 33166

New Principal Place of Business:

Current Mailing Address:

4009 NW 79 AVE
DORAL, FL 33166

New Mailing Address:

FEI Number: 65-1055647

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINEZ, NHORA A
4009 NW 79 AVE
DORAL, FL 33166 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MARTINEZ, NHORA A
Address: 16145 N.W. 81 COURT
City-St-Zip: MIAMI LAKES, FL 33016

Title: VD () Delete
Name: MORALES, JOHNNY
Address: 16145 N.W. 81 COURT
City-St-Zip: MIAMI LAKES, FL 33016

Title: S () Delete
Name: MARTINEZ, MARTITZA
Address: 17300 NW 76TH CT
City-St-Zip: MIAMI, FL 33015

Title: TR () Delete
Name: MARTINEZ, NHORA
Address: 16145 N.W. 81 COURT
City-St-Zip: MIAMI LAKES, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MORALES, JOHNNY
Address: 16145 N.W. 81 COURT
City-St-Zip: MIAMI LAKES, FL 33016

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NHORA MARTINEZ

PD

04/03/2008

Electronic Signature of Signing Officer or Director

Date