

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000102807

FILED  
Apr 06, 2011  
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

**OFFICERS AND DIRECTORS:**

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

**Title:** VP  
**Name:** MORALES, JOHNNY  
**Address:** 16145 N.W. 81 COURT  
**City-St-Zip:** MIAMI LAKES, FL 33016

**Title:** S  
**Name:** MARTINEZ, MARITZA  
**Address:** 17300 NW 76TH CT  
**City-St-Zip:** MIAMI, FL 33015

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

I hereby 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 all other like empowered.

**SIGNATURE:** NHORA MARTINEZ

PRES

04/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date