


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90164 025 \*\*\*150.00

<b>DOCUMENT # P01000033962</b> 1. Entity Name <b>COMPUMOBILE TECH STORE INC.</b>			
Principal Place of Business <b>18942 NW 57TH AVE. 102 OPA LOCKA, FL 33055</b>		Mailing Address <b>7105 SW 8 ST. 309 MIAMI, FL 33133</b>	
2. Principal Place of Business <b>106 Wakulla Springs Way</b>		3. Mailing Address <b>Way</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Ryk palm Beach FL</b>		City & State 	
Zip <b>33411</b>		Zip 	
Country 		Country 	
4. FEI Number <b>65-1091827</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>GONZALEZ, LERIDA 19240 NW 50TH AVE. OPA-LOCKA, FL 33015</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>106 Wakulla Springs Way</b> City <b>Ryk palm Beach</b> <b>FL</b> 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 <b>Lerida Gonzalez</b> DATE <b>4/26/04</b> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> 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 <input type="checkbox"/> Delete <b>GONZALEZ, CARLOS 18942 NW 57 AVE., #102 HIALEAH, FL 33015</b>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>106 wakulla Springs way Ryk palm Beach FL 33411</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD <input type="checkbox"/> Delete <b>GONZALEZ, LERIDA 18942 NW 57 AVE., #102 HIALEAH, FL 33015</b>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>106 wakulla Springs way Ryk palm Beach FL 33411</b>
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
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(s) empowered.			
SIGNATURE: <b>Lerida Gonzalez</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <b>4/26/04</b> DAYTIME PHONE <b>(305)226-3443</b>	