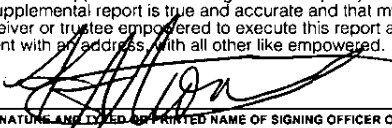


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90849 020 \*\*\*150.00

<b>DOCUMENT # P01000082703</b> 1. Entity Name <b>COMPUTERS 4 LESS, INC.</b>					
Principal Place of Business <b>7220 NORTHWEST 31ST STREET MIAMI, FL 33122</b>			Mailing Address <b>7220 NORTHWEST 31ST STREET MIAMI, FL 33122</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>4615 NW 72 AVE</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>#105</b>			
City & State		City & State <b>MIAMI FL</b>			
Zip	Country	Zip <b>33122</b>	Country <b>USA</b>	04282007    Chg-P    CR2E034 (12/06)	
4. FEI Number <b>NOT APPLICABLE</b>				Applied For 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>MONTEIRO, KEVIN F 7220 NW 31ST STREET MIAMI, FL 33122</b>	
7. Name and Address of New Registered Agent Name <b>KEVIN MONTEIRO</b> Street Address (P.O. Box Number is Not Acceptable) <b>4615 NW 72 AVE</b> <b>#105</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33122</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  DATE <b>4/26/07</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MONTEIRO, KEVIN F 7220 NORTHWEST 31ST STREET MIAMI, FL 33122 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	KEVIN F MONTEIRO, OWNER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4615 NW 72 AVE MIAMI FL 33122	
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	
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 exemptions contained 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 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 all other like empowered. SIGNATURE:  DATE <b>4/26/07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Daytime Phone #</small>					