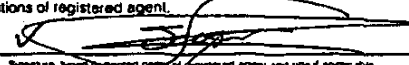


FILED
Mar 13, 2008 8:00 am
Secretary of State

02-18-2008 90018 041 ***150.00

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000092150			
1. Entity Name F1 COMPUTER SUPPORT, INC.			
Principal Place of Business 10835 NW 29 ST MIAMI, FL 33172		Mailing Address 10835 NW 29 ST MIAMI, FL 33172	
2. Principal Place of Business - No P.O. Box # 8073 NW 54TH ST.		3. Mailing Address 8073 NW 54TH ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State DORAL, FL		City & State DORAL, FL	
Zip 33166		Country MIAMI-DADE	
4. FEI Number 65-1077443		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		66003530	
8. Name and Address of Current Registered Agent SCIPIONI, FEDERICO G 10835 NW 29 ST MIAMI, FL 33172		7. Name and Address of New Registered Agent Name SCIPIONI, FEDERICO G Street Address (P.O. Box Number is Not Acceptable) 8073 NW 54TH ST City DORAL FL Zip Code 33166	
9. 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 02/29/08 (NOTE: Foreigners must sign and notarize when registering)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 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 SCIPIONI, FEDERICO G 10835 NW 29 ST MIAMI, FL 33172 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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 an address, with all other like empowered.			
SIGNATURE: 		DATE: 02/29/08 PHONE: (305) 477-9778	