


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90045 021 ***150.00

DOCUMENT # P01000096874 1. Entity Name COMPUTER TECHNOLOGY OF SOUTH FLORIDA, INC.					
Principal Place of Business 3395 NW 79TH AVENUE DORAL, FL 33122			Mailing Address 3395 NW 79TH AVENUE DORAL, FL 33122		
2. Principal Place of Business - No P.O. Box # 2020 NW 96 AVE		3. Mailing Address 2020 NW 96 AVE			
Suite, Apt. #, etc. 1ST. FLOOR		Suite, Apt. #, etc. 1ST. FLOOR			
City & State DORAL, FL		City & State DORAL, FL		4. FEI Number 65-1141768	
Zip 33172		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required.			
6. Name and Address of Current Registered Agent BENITEZ, SONIA BENITEZ & ASSOCIATES, P.A. 2000 PONCE DE LEON 6TH FLR CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name LOPEZ & PARTNERS, LLC Street Address (P.O. Box Number is Not Acceptable) 2600 DOUGLAS RD. SUITE 802 811 City CORAL GABLES FL Zip Code 33134		
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 <u><i>Valentin Lopez</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>2/13/07</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP DELGADO, RONNY 1535 NW 183RD AVENUE PEMBROKE PINES, FL 33029		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AVILA, JAIRO H 20888 NW 1ST STREET PEMBROKE PINES, FL 33029		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<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 an address, with all other like empowered.					
SIGNATURE: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>2/27/07</u> Daytime Phone # <u>305.595.4093</u>		