## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED Apr 28, 2008 8:00 am Secretary of State

DOCUMENT # P0100096874  1. Entity Name COMPUTER TECHNOLOGY OF SOUTH FLORIDA, INC.						04-28-20	008 90397 (	)46 ***1	.50.00
Principal Place of Business Mailing Address				·	7				
2020 NW 96 AVE 2020 NW 96 AVE									
1ST FLOOR 1ST FLOOR									
DORAL, FL 33172 DORAL, FL 33172					•				
DOING, 12 33112					1 (20) 100	ACION HINT HEND I	BIIR BERIE IBIRD ERIE		
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address						
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			04142008	Chg-P	CR2E03	4 (12/06)	
City & State	e	City & State			4. FEI Numbe	ır		Aρ	plied For
,					65-114	1768		No	t Applicable
Zip Country		Zip Cour		ntry	5. Certificate of Status Desired \$8.75 Additional			litional	
					J. Certificate	or States Desired	U F	ee Required	d
	6. Name and Address of Current		7. Name and	Address of New	Registered Ag	jent			
<del>- :</del>				Name		~	,		~
LOPEZ & PARTNERS, LLC				Street Addraga (R.O. Bay Mumbar in Not Assessable)					
2600 DOUGLAS RD				Street Address (P.O. Box Number is Not Acceptable)					
SUITE 811 MIAMI, FL 33134				· <del>- , =</del>					
IVII/AIVII, FL	33134							<del>,</del>	
				City			FL	Zip Code	Ð
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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE									
	olghandrd, typed or printed haine of registered agent	and the mappingapie	(NOTE INDESSE	an Agent signature requir	ed width reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financin Trust Fund Contribution					5.00 May Be Ided to Fees				
10.	OFFICERS AND	DIRECTORS	IRECTORS 11.		ADDITIONS/	CHANGES TO OF	FICERS AND I	DIRECTORS	3 IN 11
TITLE	DP	De		1	7.5511101107	CITATOLO TO CI		☐ Change	Addition
NAME	DELGADO, RONNY	L. De	NAM.					Onenge	C) Addition
STREET ADDRESS	•		EET ADDRESS						
CITY-ST-ZIP			r-ST ZIP					İ	
TITLE	VP							CT Channe	☐ Addition
NAME	AVILA, JAIRO H	L De	NAM	1				☐ Change	Audinon
STREET ADDRESS	20888 NW 1ST STREET			EET ADDRESS					
CITY-ST-ZIP	PEMBROKE PINES, FL 33029			r-ST-ZIP					
						<del></del>			
TITLE NAME		□ De	lete TITI	- (				Change	Addition
STREET ADDRESS				EET ADORESS					
CITY-ST-ZIP		_		CET ADUNESS					
·					·				
TITLE		☐ De		i			1	Change	Addition
NAME STREET ADORESS			NAM	ľ					
CITY-ST-ZIP				EET ADDRESS					
<del></del>				r-ST-ZIP					
TITLE		☐ De						☐ Change	☐ Addition
NAME			NA	i					
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP	(Control of Control of			r-ST-ZIP					
TITLE		☐ De	lete TITE	.E .			ļ	Change	Addition
NAME			NAM	AE					

12. I hereby certify that the information supplied with this filling 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 accurate my life empowered.

STREET ADDRESS

CITY ST ZIP

SIGNATURE:

STREET ADDRESS

BIGNATURE AND TYPED OR PRINTED NAME OF O OFFICER OR DIRECTOR 305-595-4093 Daytime Phone #