


**2004 FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-09-2004 90027 041 ***150.00

DOCUMENT # P01000104877	
1. Entity Name WMW COMPUTER AND ELECTRONICS CORPORATION	

66407974



MOORE CR2E034 (11/03)

Principal Place of Business 141 NE 3RD AVENUE 307 MIAMI FL 33132	Mailing Address 141 NE 3RD AVENUE 307 MIAMI FL 33132
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2. Principal Place of Business 245 SE 1st Street Suite, Apt. #, etc. 440	3. Mailing Address 245 SE 1st Street Suite, Apt. #, etc. 440
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City & State Miami, FL	City & State Miami, FL
Zip 33131	Country Dade
Zip 33131	Country Dade

4. FEI Number 65-1156212	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 FINCK, ANDRE 15051 SW 103 LN APT 4201 MIAMI FL 33196
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7. Name and Address of New Registered Agent Washington Couto 245 SE 1st Street Suite 440 Miami FL 33131

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 **3/24/04**
Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME COUTO, JR., WASHINGTON	
STREET ADDRESS 511 WEST 65TH STREET	
CITY-ST-ZIP HIALEAH FL 33012	
TITLE VP	<input type="checkbox"/> Delete
NAME JOSE, CABALLERO	
STREET ADDRESS 141 NE 3RD AVENUE, SUITE 307	
CITY-ST-ZIP MIAMI FL 33132	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 like empowered.

SIGNATURE:  DATE **3/24/04** (205) 393-3390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR