

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000105797

FILED  
Jun 29, 2005  
Secretary of State

Entity Name: COMPUTER EXCELLENCE GROUP CORP.

**Current Principal Place of Business:**

7161 WEST FLAGLER ST  
MIAMI, FL 33144

**New Principal Place of Business:**

**Current Mailing Address:**

7161 WEST FLAGLER ST  
MIAMI, FL 33144

**New Mailing Address:**

FEI Number: 71-6934126

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

PUENTES, JUAN SR  
510 NW 136TH AVE  
MIAMI, FL 33182 US

**Name and Address of New Registered Agent:**

PUENTES, JUAN SR  
13502 NW 8 ST  
MIAMI, FL 33182 US

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.

SIGNATURE:

06/29/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PUENTES, JUAN SR  
Address: 510 NW 136TH AVE  
City-St-Zip: MIAMI, FL 33182

Title: V ( ) Delete  
Name: CARMONA, MARIA B  
Address: 510 NW 136TH AVE  
City-St-Zip: MIAMI, FL 33182

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: PUENTES, JUAN SR  
Address: 13502 NW 8 ST  
City-St-Zip: MIAMI, FL 33182

Title: V (X) Change ( ) Addition  
Name: CARMONA, MARIA B  
Address: 13502 NW 8 ST  
City-St-Zip: MIAMI, FL 33182

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUAN PUENTES

PD

06/29/2005

Electronic Signature of Signing Officer or Director

Date