

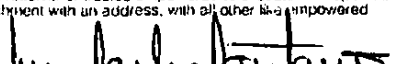


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

04-12-2006 90085 047 ***115.00
 05-02-2006 90152 007 ****35.00

DOCUMENT # P01000108023			
1. Entity Name SURE COMPUTERS, INC.			
Principal Place of Business 1862 NW 72 AVE MIAMI, FL 33126		Mailing Address 1862 NW 72 AVE MIAMI, FL 33126	
2. Principal Place of Business 1862 NW 82 Ave. Suite, Apt. #, etc.		3. Mailing Address 4315 NW 7TH Street 40 Suite, Apt. #, etc.	
City & State MIAMI, FL.		City & State MIAMI, FL	
Zip 33126		Zip 33126	
Country USA		Country USA	
4. FEI Number 65-1151740		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ, GUSTAVO 801-B SW 8 ST MIAMI, FL 33130		7. Name and Address of New Registered Agent Name: Israel B. Pango Street Address (P.O. Box Number is Not Acceptable): 4315 NW 7TH ST #40 City: MIAMI FL Zip Code: 33126	
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: 8-23-06			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	PD CASTANO, JUAN C CARRERA 26 D #36 A SUR-30 #122 MEDELLIN <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD ALZATE, GLORIA P CARRERA 26 D #36 A SUR-30 #122 MEDELLIN <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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: 		DATE: 8-23-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	



03162006 Chg-P CR2E034 (11/05)