

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2007 8:00 am**  
**Secretary of State**

04-05-2007 90139 005 \*\*\*150.00

<b>DOCUMENT # P01000108023</b> 1. Entity Name <b>SURE COMPUTERS, INC.</b>					
Principal Place of Business <b>1862 NW 82 AVE MIAMI, FL 33126</b>			Mailing Address <b>4315 NW 7TH ST SUITE 40 MIAMI, FL 33126</b>		
2. Principal Place of Business - No P.O. Box # <b>1400 NW 96 Avenue</b> Suite, Apt. #, etc.		3. Mailing Address <b>4315 NW 7TH Street</b> Suite, Apt. #, etc. <b>37-B</b>			
City & State <b>MIAMI, FL</b> Zip <b>33172</b>		City & State <b>MIAMI, FL</b> Zip <b>33126</b>		4. FEI Number <b>65-1151740</b> Applied For <input type="checkbox"/> Not Applicable	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>PANDO, ISRAEL B 4315 NW 7TH ST SUITE 40 MIAMI, FL 33126</b>			7. Name and Address of New Registered Agent Name <b>JUAN C. CASTANO</b> Street Address (P.O. Box Number is Not Acceptable) <b>4315 NW 7TH ST #37-B</b> City <b>MIAMI</b>		
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>Juan C. Castano</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			DATE <b>3-26-07</b>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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: <u><i>Juan C. Castano</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <b>3-26-07</b> <small>Daytime Phone #</small>		