


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-05-2007 90139 005 ***150.00

DOCUMENT # P01000108023

1. Entity Name
SURE COMPUTERS, INC.



Principal Place of Business
**1862 NW 82 AVE
 MIAMI, FL 33126**

Mailing Address
**4315 NW 7TH ST
 SUITE 40
 MIAMI, FL 33126**

2. Principal Place of Business - No P.O. Box #
1400 NW 96 Avenue

3. Mailing Address
**4315 NW 7TH STREET
 SUITE, Apt. #, etc.
 37-B**

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33172

Country
USA

Zip
33126

Country
USA



01132007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

**PANDO, ISRAEL B
 4315 NW 7TH ST
 SUITE 40
 MIAMI, FL 33126**

4. FEI Number
65-1151740

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name
JUAN C. CASTANO

Street Address (P.O. Box Number is Not Acceptable)
4315 NW 7TH ST #37-B

City
MIAMI

State
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 obligation of registered agent

SIGNATURE *Juan C. Castano* DATE **3-26-07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CASTANO, JUAN C		NAME	
STREET ADDRESS CARRERA 26 D #36 A SUR-30 #122		STREET ADDRESS	
CITY - ST - ZIP MEDELLIN,		CITY - ST - ZIP	
TITLE VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALZATE, GLORIA P		NAME	
STREET ADDRESS CARRERA 26 D #36 A SUR-30 #122		STREET ADDRESS	
CITY - ST - ZIP MEDELLIN,		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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: *Juan C. Castano* DATE **3-26-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR