

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90387 001 \*\*\*150.00

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| <b>DOCUMENT # P02000004193</b>  |  |   |  |  |  |
| <b>1. Entity Name</b><br><b>COMPUTER EXPRESS, INC.</b>  |  |   |  |  |  |
| <b>Principal Place of Business</b><br>19700 BELMONT DR.<br>MIAMI, FL 33157  |  |   | <b>Mailing Address</b><br>19700 BELMONT DR.<br>MIAMI, FL 33157   |  |  |
| <b>2. Principal Place of Business</b><br>13496 SW 290 ST<br>Suite, Apt. #, etc.   |  | <b>3. Mailing Address</b><br>13496 SW 290 ST<br>Suite, Apt. #, etc.   |  |  |  |
| <b>City &amp; State</b><br>HOMESTEAD, FL<br>Zip 33033 Country DADE  |  | <b>City &amp; State</b><br>HOMESTEAD, FL<br>Zip 33033 Country USA   |  | <b>4. FEI Number</b><br>04-3587860                                   |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |   |  | <b>Applied For</b><br><input type="checkbox"/> <b>Not Applicable</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br>CANAVAN, GLENN<br>19700 BELMONT DR<br>MIAMI, FL 33157   |  |   | <b>7. Name and Address of New Registered Agent</b><br>Name CANAVAN, GLENN<br>Street Address (P.O. Box Number is Not Acceptable)<br>13496 SW 290 ST<br>City HOMESTEAD FL Zip Code 33033 |  |  |
| <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.</b><br>SIGNATURE  DATE 03-28-2006<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |   |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>   |  | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | DPST<br>CANAVAN, GLENN<br>19700 BELMONT DR.<br>MIAMI, FL 33157 | <input type="checkbox"/> Delete   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |  |
| <b>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.</b> |  |   |  |  |  |
| <b>SIGNATURE:</b>   |  |   | 4-28-2006 305 216 4028   |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |   | <small>Date Daytime Phone #</small>  |  |  |