## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE)

## Mar 07, 2005 08:00 AM DOCUMENT # P02000009905 Secretary of State Entity Name COMPUTER RX, INC. Mailing Address Principal Place of Business 4219 SW 157 CT. 4219 SW 157 CT. MIAMI, FL 33185 MIAMI, FL 33185 01052005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 75-3010167 Not Applicable \$8.75 Additional 5 Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE NORIEGA, STEVEN 4219 SW 157 CT. MIAMI, FL 33185 IN THIS SPACE 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 STOLETURE, CO NOTE Registered Agent signature required when reinstating 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. D TITLE NORIEGA, STEVEN NAME. 4219 SW 157 CT. STREET ADDRESS MIAMI, FL 33185 CITY-ST-ZIP U000000254375 TITLE กิ3/07/OS-80072-009 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS City-St-ZiP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify 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 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 distee 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.

**FILED**