

**2005 FOR PROFIT CORPORATION
-ANNUAL REPORT**

FILED
Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000051282

1. Entity Name
COMPUTERWORKS CYBERNETWORK, INC.



Principal Place of Business
**2210 N.W. 175TH STREET
MIAMI, FL 33056**

Mailing Address
**P.O. BOX 69-4322
MIAMI, FL 33269**

DO NOT WRITE IN THIS SPACE



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number
02-0600218

Applied For
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WELLS, ELIZABETH W
2210 N.W. 175TH STREET
MIAMI, FL 33056**

**DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**P
WELLS, ELIZABETH W
2210 N.W. 175TH STREET
MIAMI, FL 33056**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**S
GRAVES, ELTON E
2210 N.W. 175TH STREET
MIAMI, FL 33056**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**T
SLAYDEN, JOYETTA T
2210 N.W. 175TH STREET
MIAMI, FL 33056**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U000000215802
02/05/05-80021-023 158.75

**DO NOT WRITE
IN THIS SPACE**

12. 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elizabeth W. Wells
Feb 2, 2005 305-620-6299
Date Daytime Phone #