## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

changed, or on an attachmen

SIGNATURE:

## **FILED** Feb 25, 2004 08:00 AM Secretary of State DOCUMENT # P02000065190 1. Entity Name I G M COMPUTER, INC. Principal Place of Business Mailing Address 5735 S.W. 112TH COURT 5735 S.W. 112TH COURT MIAMI, FL 33173 MIAMI, FL 33173 No Chg-P 01132004 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 04-3705636 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GUILIANI MOLINA, IVO DO NOT WRITE 5735 S.W. 112TH COURT MIAMI, FL 33173 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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature regulred when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 U00000064866 $\Box$ Trust Fund Contribution, Added to Fees 02/25/04-80012-009 150.00 OFFICERS AND DIRECTORS 10. TITLE GUILIANI MOLINA, IVO NAME STREET ADDRESS 5735 S.W. 112TH COURT CITY-ST-ZIP MIAMI, FL 33173 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

Daytime Phone #

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR