

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000090472

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: CGV COMPUTERS SOLUTIONS, CORP.

## Current Principal Place of Business:

3773 N FEDERAL HWY STE 209  
POMPANO BEACH, FL 33064

## New Principal Place of Business:

## Current Mailing Address:

3773 N FEDERAL HWY STE 209  
POMPANO BEACH, FL 33064

## New Mailing Address:

FEI Number: 71-0899041

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VIANA, ALEXSON  
3773 N FEDERAL HWY STE 209  
POMPANO BEACH, FL 33064 US

## Name and Address of New Registered Agent:

VIANA, ALEXSON  
1101 CRYSTAL LAKE DRIVE #501  
POMPANO BEACH, FL 33064 US

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.

SIGNATURE: ALEXSON VIANA

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PT ( ) Delete  
Name: VIANA, ALEXSON  
Address: 3773 N FEDERAL HWY STE 209  
City-St-Zip: POMPANO BEACH, FL 33064

Title: VS ( ) Delete  
Name: VIANA, CLEVERSON  
Address: RUA PADRE LEOPOLDO BRETANO, 761  
City-St-Zip: BELO HORIZONTE, MG 30530 BR

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition  
Name: VIANA, ALEXSON  
Address: 1101 CRYSTAL LAKE DRIVE #501  
City-St-Zip: POMPANO BEACH, FL 33064

Title: VS (X) Change ( ) Addition  
Name: VIANA, CLEVERSON  
Address: 1101 CRYSTAL LAKE DRIVE #501  
City-St-Zip: POMPANO BEACH, FL 33064

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEXSON VIANA

P

04/30/2004

Electronic Signature of Signing Officer or Director

Date