


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90154 035 ***150.00

DOCUMENT # P02000102468 1. Entity Name Compu Solutions Inc.	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2525 NW 38th Ct Suite, Apt. #, etc.	3. Mailing Address 2525 NW 38th Ct Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Miami, FL	City & State Miami, FL	4. FEI Number 33-1023703	Applied For <input type="checkbox"/> Not Applicable
Zip 33142	Country Miami-Dade	Zip 33142	Country Miami-Dade
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

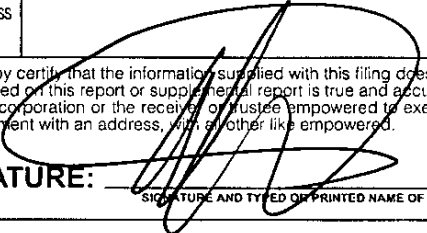
DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Miguel Fuentes	
	Street Address (P.O. Box Number is Not Acceptable)	
	595 NE 96 St	
	City Miami Shore	FL Zip Code 33138

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  DATE 02/22/05

January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
NAME	Miguel Fuentes	NAME	
STREET ADDRESS	595 NE 96 St	STREET ADDRESS	
CITY-ST-ZIP	Miami Shore, FL 33138	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.
SIGNATURE:  DATE 02/22/05

CR2E034B (12/02)