

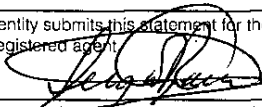
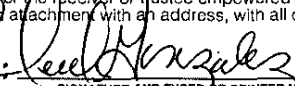


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90066 048 ***150.00

DOCUMENT # P02000121474 1. Entity Name EVERHARD COMPUTERS, INC.					
Principal Place of Business 3619 NW 17TH AVE. MIAMI, FL 33142			Mailing Address 3619 NW 17TH AVE. MIAMI, FL 33142		
2. Principal Place of Business 11 S. DIXIE HWY		3. Mailing Address 11 S. DIXIE HWY			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State LAKE WORTH FL		City & State LAKE WORTH FL			
Zip 33460		Country 		02192004 Chg-P CR2E034 (10/03)	
4. FEI Number 14-1856224		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LIBERTY BUSINESS SERVICES, INC. 8204 NW 103RD ST. HIALEAH GARDENS, FL 33016		7. Name and Address of New Registered Agent Name LIBERTY BUSINESS SERVICES, INC Street Address (P.O. Box Number is Not Acceptable) 8202 NW 103 RD STREET City HIALEAH GARDENS FL Zip Code 33016			
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: 2-19-04 <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, D GONZALEZ, NIEVE I 12373 SW 51 PL COOPER CITY, FL 33330 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, D GONZALEZ, NIEVE I 4200 COMMUNITY DR. APT 407 WEST PALM BEACH FL 33409 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D JOSE PINEDA 4200 COMMUNITY DR. APT 407 WEST PALM BEACH FL 33409 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  NIEVE I. GONZALEZ, V.P. 2-19-04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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