

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000125463 1. Entity Name COMPUTER SOLUTIONNOW INC	
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Principal Place of Business 2436 N. FED HWY 260 LIGHTHOUSE POINT, FL 33064	Mailing Address 2436 N. FED HWY 260 LIGHTHOUSE POINT, FL 33064
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01132005 No Chg-P CR2E034 (10/03)

4. FEI Number 54-2084519	Approved For Not Approvable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SOUZA, EDUARDO F 2436 N FED HWY 260 LIGHTHOUSE POINT, FL 33064	DO NOT WRITE IN THIS SPACE
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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 _____

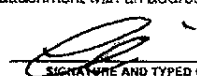
Signature, typed or printed name of registered agent and title (if applicable) Signature, typed or printed name of officer or director Date

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	U00000183637 01/19/05-80077-001 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	P SOUZA, EDUARDO F 2436 N. FED HWY 260 LIGHTHOUSE POINT, FL 33064
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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)(c), 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 I 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; changed, or on an attachment with an address, with a power of attorney.

SIGNATURE:  DATE: 1-10-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eduardo F Souza

954
784-2484