
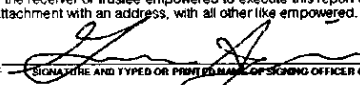


FILED

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P02000127797</b>			
1. Entity Name <b>COMPUTER IMAGE TRANSFER, INC.</b>			
Principal Place of Business 18820 SW 355 TERRACE FLORIDA CITY, FL 33034		Mailing Address 18820 SW 355 TERRACE FLORIDA CITY, FL 33034	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent		4. Name and Address of New Registered Agent	
LEONARD, JOHN T 18820 SW 355 TERRACE FLORIDA CITY, FL 33034		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when re-electing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Amended UBR is \$81.25 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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AJUCUM, GERMAN G 18820 SW 355 TERRACE FLORIDA CITY, FL 33034 <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	D LEONARD, JOHN T 18820 SW 355 TERRACE FLORIDA CITY, FL 33034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		President 305-242-9115	

☐ CHECK HERE IF MAKING CHANGES4. FEI Number ☐ Applied For  
☐ Not Applicable5. Certificate of Status Desired ☐ - \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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. (NOTE: Registered Agent's signature required when re-electing)

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Amended UBR is \$81.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐ \$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

D

AJUCUM, GERMAN G

18820 SW 355 TERRACE

FLORIDA CITY, FL 33034 ☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

LEONARD, JOHN T

18820 SW 355 TERRACE

FLORIDA CITY, FL 33034 ☐ Delete

TITLE

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STREET ADDRESS

CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

☐ Delete

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SIGNATURE: 

President 305-242-9115

Date

Daytime Phone #

7/10/9

# PASTRAN, P.A., CPA'S

A PROFESSIONAL ASSOCIATION OF CERTIFIED PUBLIC ACCOUNTANTS

September 30, 2003

Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

Attention: Reinstatements

Re: Computer Image Transfer, Inc.  
Document No. P02000127797


To Whom It May Concern:

Please find attached a completed 2003 Uniform Business Report for the above corporation, along with their check in the amount of \$150.00 for the annual fee.

This corporation was formed December 2, 2002 and they were not aware they would receive a Uniform Business Report each year and did not receive one for 2003.

Due to these circumstances, we would appreciate your waiving the reinstatement fee for this corporation and accepting their completed 2003 Uniform Business Report and payment. If you have any questions, please call me. Thank you for your assistance.

Sincerely,



Raul E. Pastran, CPA, CFST  
Pastran, PA, CPA's

Encls:  
REP:mf