2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2008 8:00 am Secretary of State

Daytime Phone #

ANNOAL KLI OK I								_ Secretary or State				
DOCUMENT # P03000011345 1. Entity Name R.B. COMPU-SYSTEM, CORP.								05-01-2008 90216 049 ***150.00				
Principal Plac	o of Busines		N/	lailing Address		1	40090076					
Principal Place of Business				•			4000000					
5547 NW 113 AVE. MIAMI, FL 33178				5547 NW 113 AVE.			· .					
MIAWI, FL 3	31/0		,	MIAMI, FL 33178			· .					
]							TERROR DE LA CONTRACTOR D	I ELON III III ANIII ANIII ANII	1 6 3 10 1 10 10 10 10 10 10 10 10 10 10 10	IN HINE DINNEL OF	ELOOK II FROI	
2. Principal Place of Business - No P.O. Box # 3. Mailing Address												
			- 1	141 N.E. ?	nd Lh	. 1		ITIOS IQUI DOIN TENL BON				
Suite, Apt. #, etc.				Suite, Apt. #, etc.								
Gano, r.p.i. m, oto.				#406			03042008	Chg-P	CR2E03	4 (12/06)		
City & State				City & State			4. FEI Numbe	r		Ar	oplied For	
,				Miami Fl			57-1148	3395			ot Applicable	
Žip		Country		Zip	Cour	ntry				8.75 Add		
		·	1	3127	1 6	18A	5. Certificate	of Status Desired		ee Require		
6. Name and Address of Current Registered Agent -/ 7. Name and Address of New Registered Agent												
Name / /												
BARRIEN'	TOS, ROI	LANDO N					ando 1	arriert				
5547 NW	113 AVE.		ss (P.O. Box Numbe	r is Not Acceptable)							
MIAMI, FL	. 33178					3377	, , ο ω , ,	7 /747				
	•.											
	•					City			FL	Zip Cod	e _{1/3}	
		\longrightarrow				/ 166000	7			311	78	
8. The above	named enti tions of regis	it, submite this statemen	nt for the	purpose of changing i	its register	red. Allice or regi	istered agent, or both	n, in the State of Flo	rida. Lam fa	amiliar with,	and accept	
I III Oonga	110113 01 1001										:	
SIGNATURE.											21 10 10 00	
1	Signature, type	d or printed name of registered as	gent and title	e if applicable. (NO	OTE: Registere	ed Agent signature rec	guired when reinstating)		DATE			
		FEE IS \$150.00		9. Election Camp			\$5.00 May Be Added to Fees					
After M	ay 1, 200	18 Fee will be \$55	0.00	Trust Fund Co	ntribution.	. ⊔ ,	Added to Fees					
10.		OFFICERS A	ND DIRE	CTORS	11.		ADDITIONS/	CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 11	
TITLE	PD			☐ Delete	TITL	E				☐ Change	Addition	
NAME	BARRIENTOS, ROLANDO N					ME .						
STREET ADDRESS					STR	EET ADDRESS						
CITY-ST-ZIP	MIAMI, F				CITY	Y-ST-ZIP						
TITLE	VP			☐ Delete	TITL	F				☐ Change	Addition	
NAME	VERUSCHKA, LIMA					AE						
STREET ADDRESS	5547 NW 117 AVE					EET ADORESS						
CITY-ST-ZIP	MIAMI, FL 33178					Y-ST-21P						
<u> </u>											- Addition	
NAME .				Delete	TITL MAN	í				☐ Change	☐ Addition	
STREET ADDRESS						EET ADDRESS						
CITY-ST-ZIP						Y-ST-ZIP						
				<u></u>				5-(1-t		<u> Покете</u>	□ £220°	
TITLE				Delete	TITL	l l				☐ Change	☐ Addition	
NAME STREET ADDRESS					NAM	l l						
CITY-SI-ZIP						LEE1 ADDRESS Y-ST-ZIP						
CITT-51-ZIP					CITY	1-51-217						
TITLE				☐ Delete	TITL	l l				Change	■ Addition	
NAME					NAA	l l						
STREET ADDRESS						EET ADDRESS						
CITY-ST-ZIP					CITY	Y-ST-ZIP						
TITLE				☐ Delete	TITL	I				Change	■ Addition	
NAME		•			NAA	I						
STREET ADDRESS						EET ADDRESS						
CITY-ST-ZIP		·			CITY	Y-ST-ZIP	•				- •	
12. I hereby	certify that th	ne information supplied	with this	filing does not qualify	for the ex	emptions contain	ined in Chapter 119,	Florida Statutes. I	further certif	y that the i	nformation	
of the cor	rporation or	ort or supplemental repe the receiver or trustee e	moowere	and accurate and that ed to execute this repo	arriy signa ort as requ	ature snall nave t ifred by Chapter	ine same legal effect 607, Florida Statules	. as ii made under c s; and that my name	atn; tnat∃ar appears in	∺ an officer Block 10 o	or airector r Block 11 if	
changed	, or on an at	achment with arraddre	s, with a	III other like empowere	ed.			•				