

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000035054

1. Entity Name
W.I.R.P.J. COMPUTERS INC.



FILED
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

04 MAR 23 AM 11:41

Principal Place of Business
12908 SW 48 ST
MIAMI, FL 33175

Mailing Address

12908 SW 48 ST
MIAMI, FL 33175

2. Principal Place of Business
3655 SW 93 ave.

Suite, Apt. #, etc.

3. Mailing Address
3655 SW 93 ave.

Suite, Apt. #, etc.

City & State
Miami, FL

Zip
33165

City & State
Miami, FL

Zip
33165

Country

03222004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

FIGUERA, IDALYS
12908 SW 48 ST
MIAMI, FL 33175

Name

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

3655 SW 93 ave.

City
Miami

FL Zip Code
33165

7. Name and Address of New Registered Agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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 P Delete
NAME FIGUERA, IDALYS
STREET ADDRESS 12908 SW 48 ST
CITY-ST-ZIP MIAMI, FL 33175

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

3655 SW 93 ave.
Miami, FL 33165

TITLE V Delete
NAME FIGUERA, RENER
STREET ADDRESS 12908 SW 48 ST
CITY-ST-ZIP MIAMI, FL 33175

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

3655 SW 93 ave.
Miami, FL 33165

TITLE S Delete
NAME FIGUERA, PAULINA
STREET ADDRESS 12908 SW 48 ST
CITY-ST-ZIP MIAMI, FL 33175

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

3655 SW 93 ave.
Miami, FL 33165

TITLE T Delete
NAME FIGUERA, WILMER
STREET ADDRESS 12908 SW 48 ST
CITY-ST-ZIP MIAMI, FL 33175

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

3655 SW 93 ave.
Miami, FL 33165

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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CITY-ST-ZIP

3655 SW 93 ave.
Miami, FL 33165

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TITLE Delete
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TITLE Change Addition
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3655 SW 93 ave.
Miami, FL 33165

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(786-201-3392)
Date _____
Daytime Phone # _____