

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000035054

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



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 23 AM 11:41

Principal Place of Business

12908 SW 48 ST
MIAMI, FL 33176

Mailing Address

12908 SW 48 ST
MIAMI, FL 33176

2. Principal Place of Business

3655 SW 93 ave.

Suite, Apt. #, etc.

3. Mailing Address

3655 SW 93 ave.

Suite, Apt. #, etc.



03222004

Chg-P

CR2E034 (10/03)

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

76-0729075

Applied For

Not Applicable

Zip

33165

Country

Zip

33165

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FIGUERA, IDALYS
12908 SW 48 ST
MIAMI, FL 33176

7. Name and Address of New Registered Agent

Name

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

3655 SW 93 ave.

City Miami

FL

Zip Code 33165

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

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

TITLE P ☐ Delete

NAME FIGUERA, IDALYS

STREET ADDRESS 12908 SW 48 ST

CITY-ST-ZIP MIAMI, FL 33176

TITLE V ☐ Delete

NAME FIGUERA, RENER

STREET ADDRESS 12908 SW 48 ST

CITY-ST-ZIP MIAMI, FL 33176

TITLE S ☐ Delete

NAME FIGUERA, PAULINA

STREET ADDRESS 12908 SW 48 ST

CITY-ST-ZIP MIAMI, FL 33176

TITLE T ☐ Delete

NAME FIGUERA, WILMER

STREET ADDRESS 12908 SW 48 ST

CITY-ST-ZIP MIAMI, FL 33176

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

3655 SW 93 ave.
Miami, FL 33165

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

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NAME

STREET ADDRESS

CITY-ST-ZIP

800031805538
04/05/04--01010--007 **150.00

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 #