

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90059 020 \*\*\*150.00

40002930



<b>DOCUMENT # P03000035054</b> 1. Entity Name W.I.R.P.J. COMPUTERS INC.			
Principal Place of Business <del>2103 N.W. 79TH AVE.</del> <del>MIAMI, FL 33122</del>		Mailing Address <del>2103 N.W. 79TH AVE.</del> <del>MIAMI, FL 33122</del>	
2. Principal Place of Business 14919 SW 80 St Suite, Apt. #, etc. # 219 City & State Miami, FL Zip 33193 Country USA		3. Mailing Address 14919 SW 80 St Suite, Apt. #, etc. # 219 City & State Miami, FL Zip 33193 Country USA	
4. FEI Number 76-0729075		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01102005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent FIGUERA, IDALYS <del>2655 SW 82 AVE.</del> <del>MIAMI, FL 33165</del>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 14919 SW 80 St # 219 City Miami FL Zip Code 33193	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! - FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		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	P FIGUERA, IDALYS <del>2103 N.W. 79TH AVE.</del> <del>MIAMI, FL 33122</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 14919 SW 80 St # 219 Miami-FL- 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FIGUERA, RENER <del>2103 N.W. 79TH AVE.</del> <del>MIAMI, FL 33122</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 14919 SW 80 St # 219 Miami-FL- 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FIGUERA, PAULINA <del>2103 N.W. 79TH AVE.</del> <del>MIAMI, FL 33122</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 14919 SW 80 St # 219 Miami-FL- 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FIGUERA, WILMER <del>2103 N.W. 79TH AVE.</del> <del>MIAMI, FL 33122</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 14919 SW 80 St # 219 Miami-FL- 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, 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		1-10-05 305-629-8377 Date Daytime Phone #	