


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90042 020 \*\*\*150.00

**DOCUMENT # P03000035054**

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



Principal Place of Business      Mailing Address

14919 SW 80 ST  
 #219  
 MIAMI, FL 33193

14919 SW 80 ST  
 #219  
 MIAMI, FL 33193

**60013375**



2. Principal Place of Business      3. Mailing Address

*9221 SW 221 Street*      *9221 SW 221 Street*

Suite, Apt. #, etc.      Suite, Apt. #, etc.

01132006      Chg-P      CR2E034 (11/05)

City & State      City & State

*MIAMI, FL*      *MIAMI FL*

Zip      Country      Zip      Country

*33190*           *33190*           *33190*

4. FEI Number      Applied For

**76-0729075**       Not Applicable

5. 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
FIGUERA, IDALYS 14919 SW 80 ST #219 MIAMI, FL 33193	Name
	Street Address (P.O. Box Number is Not Acceptable)
	<i>9221 SW 221 St</i>
	City      State      Zip Code
	<i>MIAMI      FL      33190</i>

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]*      *President*      *1-17-06*

Signature, Title, and Date of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIGUERA, IDALYS	NAME	
STREET ADDRESS	14919 SW 80 ST #219	STREET ADDRESS	<i>9221 SW 221 street</i>
CITY-ST-ZIP	MIAMI, FL 33193	CITY-ST-ZIP	<i>MIAMI FL 33190</i>
TITLE	V <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIGUERA, RENER	NAME	
STREET ADDRESS	14919 SW 80 ST #219	STREET ADDRESS	<i>9221 SW 221 street</i>
CITY-ST-ZIP	MIAMI, FL 33193	CITY-ST-ZIP	<i>MIAMI FL 33190</i>
TITLE	S <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIGUERA, PAULINA	NAME	
STREET ADDRESS	14919 SW 80 ST #219	STREET ADDRESS	<i>9221 SW 221 street</i>
CITY-ST-ZIP	MIAMI, FL 33193	CITY-ST-ZIP	<i>MIAMI FL 33190</i>
TITLE	T <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIGUERA, WILMER	NAME	
STREET ADDRESS	14919 SW 80 ST #219	STREET ADDRESS	<i>9221 SW 221 street</i>
CITY-ST-ZIP	MIAMI, FL 33193	CITY-ST-ZIP	<i>MIAMI-FL 33190</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]*      *1-17-06*      *786-543-7928*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #