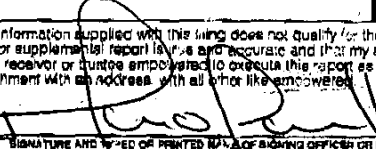


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90161 036 ***150.00

DOCUMENT # P03000074290					
1. Entity Name INFINITY COMPUTERS & PARTS, CORP.					
Principal Place of Business 4615 NW 72 AVE #110 MIAMI, FL 33166			Mailing Address 4615 NW 72 AVE #110 MIAMI, FL 33166		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 54-2115777			Applied For ☐ 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		
JARAMILLO, MARIO 4615 NW 72 AVE #110 MIAMI, FL 33166			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent Signature Required when Registering)					
FILE NOW!! FEE IS \$150.00 After May 1, 2005 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	TITLE	☐ Change	☐ Addition
NAME	JARAMILLO, MARIO		NAME		
STREET ADDRESS	4615 NW 72 AVE #110		STREET ADDRESS		
CITY-STATE-ZIP	MIAMI, FL 33166		CITY-STATE-ZIP		
TITLE	V	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	JARAMILLO, GILBERTO		NAME		
STREET ADDRESS	4615 NW 72 AVE #110		STREET ADDRESS		
CITY-STATE-ZIP	MIAMI, FL 33166		CITY-STATE-ZIP		
TITLE	OFF	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	KONNEN LTDA		NAME		
STREET ADDRESS	4615 NW 72 AVE #110		STREET ADDRESS		
CITY-STATE-ZIP	MIAMI, FL 33166		CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(1)(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 907, 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:  DATE: 04/29/05 MARIO JARAMILLO					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

305-4638686