2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Jun 07, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # P0300011913	•	16			05-03-2004	•		
CBC COM	IPUTER SYSTEMS INC.								
Principal Place of Business 455 DOUGLAS AVE STE 2155-31 ALTAMONTE SPRINGS FL 32714 AC ST. CATHRAMOS Mailing Address 122 NIAGARA STREET ST ST.ATHARINES ON CANAI			NADA 32	ADA 32R -4L4				C C	
2. Principal Place of Business		3. Malling Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		·	MOORE	CR2E034	(11/03)		
City & State		City & State			Number 05895	535		olied For Applicable	
Zip	Country Zip Cou		Country	,	5. Certificate of Status Desired See Required Fee Required				
	6. Name and Address of Current	i	1		7. Na:	me and Address of New			
WAMINGLY ALDEDTID				Name					
KAMINSKY, ALBERT D 455 DOUGLAS AVE STE 2155-31 ALTAMONTE SPRINGS FL 32714			- [Street Address (P.O. Box Number is Not Acceptable)					
			-	City			FL	Zip Code	
The above named entity submits this statement for the purpose of changing its registere				office or register	ed agen	at or both in the State of F		emiliar with	and accept
	ions of registered agent.	the perpose of crisinging its	109,513,00	once or regions,	ao ago.,	n, or boar, in are state or			
SIGNATURE .	Signature, typed or printed name of registered agent is	nd little if applicable. (NCT)	E: Registered A	gent signatura required	when rems	dating)	DATE		
FILE NOW III. FEE: IS: \$150.00 After May 1: 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State						Election Campaign F Trust Fund Contribut			D May Be to Fees
10.	OFFICERS AND	DIRECTORS	11.		ADD	ITIONS/CHANGES TO OF	FICERS AND	DIRECTORS	IN 11
TITLE	D "	☐ Delete	TILE	i					T Addition
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	ST CATHARINES ON CANADA L2	R -4L4		ADDRESS 1-ZIP				Change	Addition
-	ST CATHARINES ON CANADA L2		STREET CITY-ST						
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Wyary

PRESIDENT

4.26.04

(965) 684.6881

Case

Daytime Phone #