2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 08, 2005 8:00 am Secretary of State

1. Entity Nam	MENT # P04000013 DMPUTERS INC.	517				06-08-2005	90001 011 ***1	150.00
Principal Place of Business -1411-NW-84TH AVENUE		Mailing Address -1411 NW 84TH AVENUE MIAMI, FL 33126						
9990	Place of Business NW 14 STREET		14 Stre	ζ Τ				
Suite, Apt. #, etc. SUITE 109		Suite, Apt. #, etc. Suite 109			05192005	Chg-P	CR2E034 (10/0	J3)
City & State MIAMI, FL		City & State MIAMI, FL			4. FEI Number 41-2135791			Applied For Not Applicable
Zip 33/	Country	3317Y	Country			of Status Desired		Additional
	6. Name and Address of Current F	<u> </u>			7. Name and	Address of New F	<u>-</u>	
DIAZ SARMIENTO, CABRIEL S 1005 NW 087H SOURT Street Add					TANLEY P. KAPLAN ISS (P.O. BOX Number is Not Acceptable) NEST FLACLER STEELT			
SUITE 201			Buccij	19 N	•	_	STECKT	
MIAMI, FL 33172-			City	Sur	7 6 3	02	Pl Zip (Code _
8. The above	named entity submits this statement for	the purpose of changing its re			M / ed agent, or bo	th, in the State of FI	FL 3	3130 vith, and accept
the obligations of registered agent.								
SIGNATURE Signature, typed or printed name of inclusived grant and tide if applicable. (NOTE: Registered Agent signature required when reinstating) OATE								
FILE NOWIII FEE IS \$150.00 Due by September 7, 2005 9. Election Campaign Financing \$5. Trust Fund Contribution. Additional Additional Campaign Financing \$5.						In accordance corporation did	with s. 607.193(2)(I not receive the pri	(b), F.S., the for notice.
10.	OFFICERS AND D	DIRECTORS Delete	11,	T	ADDITIONS	CHANGES TO OFF	FICERS AND DIRECT	
NAME	ROMAN-CAMARGO, URIEL	€ Detele	NAME				/ -	
STREET ADDRESS CITY-ST-ZIP	MAMI, FL-33136	STREET ADDRESS CITY+ST-ZIP	9990 M/A	MN 14 1m1. FL	STEECT, 5	SUITE 109	,	
TITLE	VD	☐ Delete	TITLE		,		Chan	nge 🗌 Addition
NAME STREET ADORESS	NIETO-RUEDA, EDNA PATRICIA	NAME STREET ADDRESS	994	9990 NW 14 STEELT, SUITE 109 MIAMI, FL 33172			9	
CITY-ST-ZIP	MIAMI, FL 33136	Delete	CITY-ST-ZIP	MIA	MI, FL	33172	☐ Chan	nge 🗆 Addition
NAME		L_J Delete	NAME				L; Cian	ige 🔲 Audillon :
STREET ADDRESS CITY+ST+ZIP			STREET ADDRESS CITY+ST+ZIP					
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NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP TITLE		☐ Detete	CITY-ST-ZIP				[7] Char	as (T) Addition
NAME		□ Desete	NAME				Chan	nge
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			•	Chan	nge 🗌 Addition
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP	1		CITY-ST-ZIP					
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 people is supplemental report is used and accurate and that by signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or tursive 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 analysis, with all other like empowered.								
SIGNAT	URE:	RINTED NAME OF SIGNING OFFICER OR	NDESTA-	0	6/06/05		30571572	
	SIGNATURE AND TYPED OR PR	SHITED MORRE OF SIGNAMO OF HICER OR	DIRECTOR			Date	Daytime Phon	