03/01/2005 07:36 9549204019 COMPUDISK

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Secretary of State
01-31-2005 90054 012 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000131866

1. Entity Name
COMPUDISK INC

66003603

01192005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
1811 JEFFERSON STREET 201 HOLLYWOOD, FL 33020 US	1811 JEFFERSON STREET 201 HOLLYWOOD, FL 33020 US
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: 20-1653284 ☐ 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
GÓMEZ, NORMA ISABEL 1811 JEFFERSON STREET 201 HOLLYWOOD, FL 33020	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: Norma I. Gomez 01-25-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P GOMEZ, NORMA ISABEL 1811 JEFFERSON STREET #201 HOLLYWOOD, FL 33020 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ 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 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: Norma I. Gomez 01-25-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

332

FLORIDA DEPARTMENT OF REVENUE

Florida Department of Revenue #P04000131866

Notice of Penalty Waiver

Quarterly Filer

DR-330113
N. 01/04

66003603

COMPUDISK INC
1811 JEFFERSON ST APT 201
HOLLYWOOD FL 33020-5453

Tax Type	: Sales and Use Tax
Certificate Number	: 16-8013165369-1
Business Partner	: 1988339
Contract Object	: 13165369
FEIN	: 20-1653284
Collection Period Begin	: 12/01/04
Collection Period End	: 12/31/04
Return Due Date	: 01/20/05
Return Postmark	: 01/25/05
Date of Notice	: 02/22/05

LOCATION ADDRESS:
COMPUDISK INC
1811 JEFFERSON ST APT 201
HOLLYWOOD FL 33020-5453

Why are you receiving this notice?

You failed to timely file your DR-15 sales and use tax return for the collection period shown above. Based on your compliant filing history, we have granted your business this penalty waiver.

Penalty Due: WAIVED

Future filing errors will result in penalty of 10% of the tax due or $50, whichever is greater; applicable interest; and loss of collection allowance. If specific penalties apply, such penalties will be in addition to those outlined above. **Future penalties will not be waived.** It is extremely important that you comply with the filing requirements to avoid your account being in jeopardy.

Please review your returns for accuracy and timely compliance before submitting. If you need assistance with filing requirements, refer to the line-by-line instructions included with your payment coupon booklet or visit our web site at www.myflorida.com/dor.

For further assistance concerning this notice, call us at 800-352-3671 or 850-488-6800, Monday through Friday, 8 a.m. to 7 p.m. ET or write to: Collection Services, Florida Department of Revenue, 5050 W. Tennessee St., Tallahassee FL 32399-0128.