

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 18, 2005 8:00 am**  
**Secretary of State**

07-18-2005 90044 020 \*\*\*150.00

<b>DOCUMENT # P04000153311</b> 1. Entity Name <b>LAPTOPS, REFURBISHING AND TECHNOLOGY SYSTEMS CORPORATION</b>					
Principal Place of Business <b>50 NW 204 ST., APT. H9 MIAMI, FL 33169</b>			Mailing Address <b>50 NW 204 ST., APT. H9 MIAMI, FL 33169</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FONDO, RICARDO 50 NW 204 ST., APT. H9 MIAMI, FL 33169				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 _____ (NOTE: Registered Agent signature required when translating) DATE _____					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OSCAR AUN, MARCELO <input type="checkbox"/> Delete 50 NW 204 ST., APT. H9 MIAMI, FL 33169		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OSCAR AUN, RICARDO <input type="checkbox"/> Delete 50 NW 204 ST., APT. H9 MIAMI, FL 33169		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANTONIO AUN, MARTIN <input type="checkbox"/> Delete 50 NW 204 ST., APT. H9 MIAMI, FL 33169		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FONDO, RICARDO <input type="checkbox"/> Delete 50 NW 204 ST., APT. H9 MIAMI, FL 33169		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			07/15/2005 Date Day/Time Phone #		

**50055681**



07152005 Chg-P CR2E034 (10/03)

4. FEI Number **06-1734808** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

ATTACHMENT  
50055281

LAPTOPS, REFURBISHING AND TECHNOLOGY SYSTEMS CORP.  
50 NW 204 ST APT H9  
MIAMI FL.33169  
\*PHONE 1-305-849-4949  
\* \* \*

FLORIDA DEPT. OF STATE  
DIV. OF CORPORATION  
PO BOX 6324  
TALLAHASSEE FL. 32314

REF: P O4000153311 ANNUAL REPORT FEE

To Whom it may concern:

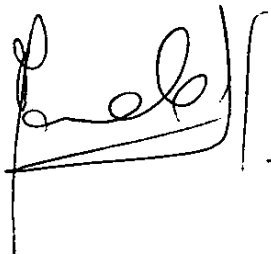
We request a waiver for the late charges for the reason that: we never receive the notice of payment.

We appreciate your cooperation to this matter.

Enclosed please find a check for the annual payment.

Thank you,

Marcelo Aun

A handwritten signature in black ink, appearing to read 'Marcelo Aun', with a vertical line extending downwards from the end of the signature.