

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90094 017 ***150.00

DOCUMENT # P05000010257

1. Entity Name
SERVICE MASTER COMPUTER, INC.



Principal Place of Business

**135 SW 22 AVE
MIAMI, FL 33135**

Mailing Address

**135 SW 22 AVE
MIAMI, FL 33135**

2. Principal Place of Business - No P.O. Box #

1712 WEST FLAGLER ST

Suite, Apt. #, etc.

3. Mailing Address

1712 FLAGLER ST.

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip

33135

Country

DADE

Zip

33135

Country

DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DIEPA, ENNA
1712 WEST FLAGLER ST
MIAMI, FL 33135**

7. Name and Address of New Registered Agent

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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PRATO V, MIGUEL D	
STREET ADDRESS	1712 WEST FLAGLER ST.	
CITY-ST-ZIP	MIAMI, FL 33135	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRATO R, MIGUEL D	
STREET ADDRESS	1712 WEST FLAGLER ST.	
CITY-ST-ZIP	MIAMI, FL 33135	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRATO R, REINALDO J	
STREET ADDRESS	1712 WEST FLAGLER ST.	
CITY-ST-ZIP	MIAMI, FL 33135	
TITLE	S	<input type="checkbox"/> Delete
NAME	DIEPPA, ENNA	
STREET ADDRESS	1712 WEST FLAGLER ST.	
CITY-ST-ZIP	MIAMI, FL 33135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-23-2007