

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90063 046 ***150.00

DOCUMENT # P05000019785

1. Entity Name
THE COMPUTER INSTITUTE, INC.



Principal Place of Business
4949 TAMiami TRAIL N #102
NAPLES, FL 34103

Mailing Address
4949 TAMiami TRAIL N #102
NAPLES, FL 34103

2. Principal Place of Business - No P.O. Box #
26750 Palm Street
Suite, Apt. #, etc.

3. Mailing Address
(same)
Suite, Apt. #, etc.



04232007 Chg-P CR2E034 (12/06)

City & State
Bonita Springs, FL
Zip
34135
Country
Lee

City & State
Zip
Country

4. FEI Number
57-1217534
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GUTIERREZ, RICHARD A
11000 28TH AVE N
NAPLES, FL 34103

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
26750 Palm Street
City Bonita Springs FL Zip Code 34135

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 D
NAME GUTIERREZ, RICHARD A
STREET ADDRESS 4949 TAMiami TRAIL N #102
CITY-ST-ZIP NAPLES, FL 34103 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MIROMAR OUTLETS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Original sent without check enclosed

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
175/Exit 123, Corkscrew Rd./ Miromar Outlets Blvd.
Between Naples and Ft. Myers, FL.
OVER 120 FACTORY OUTLET STORES.
www.miromar.com
239-848-3746

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 26750 Palm Street
CITY-ST-ZIP Bonita Springs, FL 34135 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 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 #