2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# P05000032248

Entity Name: B. A. COMPUTER SOLUTIONS, CORP.

Current Principal Place of Business:

17092 COLLINS AVENUE
SUITE C 405
SUNNY ISLES, FL 33160

New Principal Place of Business:

717 PONCE DE LEON BOULEVARD
SUITE324
CORAL GABLES, FL 33134 DA

Current Mailing Address:

17092 COLLINS AVENUE
SUITE C 405
SUNNY ISLES, FL 33160

New Mailing Address:

717 PONCE DE LEON BOULEVARD
SUITE324
CORAL GABLES, FL 33134 DA

FEI Number: 42-1661746 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CETRARO, OSCAR A
15295 S.W. 107TH LANE
SUITE 1012
MIAMI, FL 33196 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete
Name: CEPPI, JAVIER
Address: 17092 COLLINS AVENUE, SUITE C 405
City-St-Zip: SUNNY ISLES, FL 33160 DA

Title: S/T ( ) Delete
Name: LISTINGART, GEORGINA
Address: 17092 COLLINS AVENUE, SUITE C 405
City-St-Zip: SUNNY ISLES, FL 33160 DA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition
Name: CEPPI, JAVIER
Address: 1870 S.W. 25TH TERRACE
City-St-Zip: MIAMI, FL 33145 DA

Title: S/T (X) Change ( ) Addition
Name: LISTINGART, GEORGINA
Address: 1870 S.W. 25TH TERRACE
City-St-Zip: MIAMI, FL 33145 DA

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAVIER CEPPI PD 04/30/2008

Electronic Signature of Signing Officer or Director Date