


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90033 011 ***150.00

DOCUMENT # P05000045986					
1. Entity Name ABC COMPUTERS PARTS AND SOLUTIONS, INC.					
Principal Place of Business 7221 NW 2ND TERRACE MIAMI, FL 33126			Mailing Address 7221 NW 2ND TERRACE MIAMI, FL 33126		
2. Principal Place of Business - No P.O. Box # 3002 NW 72nd Ave		3. Mailing Address 3002 NW 72nd Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami, FL		City & State Miami, FL		4. FEI Number 20-2583349	
Zip 33122		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAMIREZ, EMIRO 7221 NW 2ND TERRACE MIAMI, FL 33126			7. Name and Address of New Registered Agent Name <u>Ramirez, Emiro</u> Street Address (P.O. Box Number is Not Acceptable) <u>3002 NW 72nd Ave.</u> City <u>Miami</u> <u>FL</u> Zip Code <u>33122</u>		
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 <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME RAMIREZ, EMIRO STREET ADDRESS 7221 NW 2ND TERRACE CITY-ST-ZIP MIAMI, FL 33126	<input type="checkbox"/> Delete		TITLE P NAME Ramirez, Emiro STREET ADDRESS 3002 NW 72nd Ave CITY-ST-ZIP Miami, FL 33122	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME ALI OSMAND, JOSEFINA STREET ADDRESS 7221 NW 2ND TERRACE CITY-ST-ZIP MIAMI, FL 33126	<input checked="" 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	
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 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 appointed 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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					