

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90102 011 ***150.00

DOCUMENT # P05000117106

1. Entity Name
WONG'S COMPUTERS, INC.



Principal Place of Business
18400 N.W. 75 PLACE
134
MIAMI, FL 33015-2958

Mailing Address
18400 N.W. 75 PLACE
134
MIAMI, FL 33015-2958

50011216

2. Principal Place of Business

5941 NW 201 Lane

3. Mailing Address

5941 NW 201 Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03242006

Chg-P

CR2E034 (11/05)

City & State

MIAMI, Florida

City & State

MIAMI, Florida

4. FEI Number

20-3348604

Applied For

Not Applicable

Zip

33015

Country

USA

Zip

33015

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WONG, HORACIO
18400 N.W. 75 PLACE
134
MIAMI, FL 33015-2958

Name

Street Address (P.O. Box Number is Not Acceptable)

5941 NW 201 Lane

City

Miami

FL

Zip Code

33015

7. Name and Address of New Registered Agent

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
WONG, HORACIO
18400 N.W. 75 PLACE, UNIT 134
MIAMI, FL 33015-2958
5941 NW 201 Lane
Miami FL 33015

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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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

4/9/06

(786) 301.6976

Date

Daytime Phone #