

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000124617

1. Entity Name  
COMPUTER INNOVATED SOLUTIONS, INC.



Principal Place of Business  
9449 BYRON AVE  
SURFSIDE, FL 33154

Mailing Address  
9449 BYRON AVE  
SURFSIDE, FL 33154

**FILED**

**Jun 20, 2008 08:00 AM**  
**Secretary of State**



06102008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 34-2056568	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

RASTELLI, SERGIO  
9449 BYRON AVE  
SURFSIDE, FL 33154

**DO NOT WRITE  
IN THIS SPACE**

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**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	RASTELLI, SERGIO
STREET ADDRESS	9449 BYRON AVE
CITY-ST-ZIP	SURFSIDE, FL 33154

TITLE	
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U000000353275  
06/20/08-80001-010 150.00

**DO NOT WRITE  
IN THIS SPACE**

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

6/1/08 (305) 893.2670  
Date Daytime Phone #