## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000137682

Entity Name: COMPU SUPPLIES & CARTRIDGES INC.

FILED May 23, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
- a	iton i inicipal i lace di Dacinico

2545 WEST 80TH STREET 6700 NW 186 STREET SUITE 16 SUITE 110

HIALEAH, FL 33016 MIAMI, FL 33015

Current Mailing Address: New Mailing Address:

 2545 WEST 80TH STREET
 7105 SW 8 STREET

 SUITE 16
 SUITE 306

 HIALEAH, FL 33016
 MIAMI, FL 33144

FEI Number: 55-0907317 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GIRALDO, HOVER
2545 WEST 80TH STREET
SUITE 16
HIALEAH, FL 33016 US
GIRALDO, HOVER
6700 NW 186 STREET
SUITE 110
MIAMI, FL 33015 US

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: 05/23/2007

Electronic Signature of Registered Agent Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 GIRALDO, HOVER
 Name:
 GIRALDO, HOVER

 Address:
 6700 NW 186TH STREET
 Address:
 6700 NW 186TH STREET, #110

City-St-Zip: MIAMI, FL 33015 City-St-Zip: MIAMI, FL 33015

Name: VILARINO, YANET Name: VILARINO, YANET

Address: 6700 NW 186TH STREET STE 110

City-St-Zip: MIAMI, FL 33015 City-St-Zip: MIAMI, FL 33015

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: HOVER GIRALDO PD 05/23/2007