

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000039817

1. Entity Name
COMPUTER CARE & PARTS CENTER, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 SEP 17 PM 4:21

Principal Place of Business
2425 BISCAYNE BLVD
MIAMI, FL 33137

Mailing Address
JORGE L. SAAVEDRA
PO BOX 370584
MIAMI, FL 33137

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05162007 Chg-P CR2E034 (12/06)

4. FEI Number
56-2572668

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAAVEDRA, JORGE L
9429 HARDING AVE SUITE 1
SURFSIDE, FL 33315-4

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 14, 2007**

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 DPST ☒ Delete
NAME SAAVEDRA, JORGE L
STREET ADDRESS 9429 HARDING AVE SUITE 1
CITY-ST-ZIP SURFSIDE, FL 333154

TITLE DPST ☐ Delete
NAME SAAVEDRA, JORGE L.
STREET ADDRESS 2425 BISCAYNE BLVD.
CITY-ST-ZIP MIAMI, FL 33137

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME B a n h
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

9-10-2007

Date

Daytime Phone #