

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000137986

FILED  
Apr 06, 2009  
Secretary of State

**Entity Name:** COMPUTER AND PRINTER SOLUTIONS, INC.

**Current Principal Place of Business:**

3000 NE 30TH PLACE  
SUITE 100  
FT LAUDERDALE, FL 33306

**New Principal Place of Business:**

**Current Mailing Address:**

3000 NE 30TH PLACE  
SUITE 100  
FT LAUDERDALE, FL 33306

**New Mailing Address:**

PO BOX 480251  
FT LAUDERDALE, FL 33348 02

**FEI Number:** 20-5804359

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CASTELLI, RENE L  
600 S.E. 9TH AVE  
POMPANO BEACH, FL 33060 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CASTELLI, RENE L  
Address: 900 S.E. 9TH AVE.  
City-St-Zip: POMPANO BEACH, FL 33060

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

Title: P (X) Change ( ) Addition  
Name: CASTELLI, RENE L  
Address: 600 S.E. 9TH AVE.  
City-St-Zip: POMPANO BEACH, FL 33060

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:** RENE CASTELLI

P

04/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date