

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90439 015 \*\*\*150.00

**DOCUMENT # P06000152514**

1. Entity Name  
**COMPUTER SOLUTIONS INTERFACE, INC**



Principal Place of Business  
**1121 NW 3RD AVENUE  
POMPANO BEACH, FL 33060 US**

Mailing Address  
**1121 NW 3RD AVENUE  
POMPANO BEACH, FL 33060 US**

**40090562**



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

04202007 Chg-P CR2E034 (12/06)

4. FEI Number

**42-1718821**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TNG ASSOCIATES, INC.  
2390 WILTON DRIVE  
WILTON MANORS, FL 33305**

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  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRES.  
WILSON, WILTON  
1121 NW 3RD AVENUE  
POMPANO BEACH, FL 33060** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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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 registered agent 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

Date

Daytime Phone #

**04/26/07 954 304 9668**

ATTACHMENT  
40090562



## Sunbiz E-file Account Application

Account Name: COMPUTER SOLUTIONS INTERFACE

E-mail Address: WILSONFB@hotmail.com

Mailing Address: 1121 NW 3RD AVENUE Apt. I

Acct # PO6000152514  
PO6000152214

City: POMPANO BEACH State: FL Zip: 33060

Phone: (954) 384-5990 Fax: ( ) - -

Contact Person: WILSON FB

Signature: [Handwritten Signature]

Password: ashma198

( minimum length - 4 characters, maximum 12 characters )

\*\*\* An account number will be E-mailed to you as soon as the application is processed \*\*\*

### Mailing Address

Division of Corporations  
Public Access Accounts  
P.O. Box 6327  
Tallahassee, FL 32314

### Courier Address

Division of Corporations  
Public Access Accounts  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Go to Home Page

ATTACHMENT 40090562

#P06000152514

Form <b>SS-4</b>		<b>Application for Employer Identification Number</b>		EIN <b>43-1918821</b>	
(Rev. December 2001) Department of the Treasury Internal Revenue Service		(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)		OMB No. 1545-0003 <b>43-1918821</b>	
		▶ See separate instructions for each line. ▶ Keep a copy for your records.			
Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested <b>Computer Solutions Interface, Inc</b>				
	2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name		
	4a Mailing address (room, apt., suite no. and street, or P.O. box) <b>1121 NW 3rd Avenue</b>		5a Street address (if different) (Do not enter a P.O. box.)		
	4b City, state, and ZIP code <b>Pompano Beach, FL 33060</b>		5b City, state, and ZIP code		
	6 County and state where principal business is located <b>Broward County, Florida</b>				
	7a Name of principal officer, general partner, grantor, owner, or trustee <b>Wilton Wilson</b>		7b SSN, ITIN, or EIN <b>066-90-0702</b>		
	8a Type of entity (check only one box)				
<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership _____ <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corp. _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____					
<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input type="checkbox"/> Trust (SSN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) ▶ _____					
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State <b>Florida</b>		Foreign country	
9 Reason for applying (check only one box)					
<input checked="" type="checkbox"/> Started new business (specify type) ▶ _____ <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business _____ <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____					
10 Date business started or acquired (month, day, year) <b>12/1/06</b>		11 Closing month of accounting year <b>12/31/06</b>			
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) . . . . . ▶					
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-." . . . . . ▶					
Agricultural <input type="checkbox"/> Household <input type="checkbox"/> Other <input type="checkbox"/> 14 Check one box that best describes the principal activity of your business. <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) <b>Computer Training and Repair</b>					
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. <b>Computer Training and Repair</b>					
16a Has the applicant ever applied for an employer identification number for this or any other business? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 16b and 16c.					
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ _____ Trade name ▶ _____					
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) _____ City and state where filed _____ Previous EIN _____					
Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.					
Third Party Designee	Designee's name <b>Gregory Burton</b>		Designee's telephone number (include area code) <b>(954) 714-6107</b>		
	Address and ZIP code <b>2340 Wilton, Wilton Manor, FL</b>		Designee's fax number (include area code) <b>(954) 714-9875</b>		
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.					
Name and title (type or print clearly) ▶ <b>[Signature]</b>		Applicant's telephone number (include area code) <b>(954) 304-5990</b>			
Signature ▶ <b>[Signature]</b>		Applicant's fax number (include area code) <b>( ) ( )</b>			