2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000078200

Entity Name: N&J PC SUPPORT, INC.

City-St-Zip:

HIALEAH, FL 330164707

FILED Jan 05, 2009 Secretary of State

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|---|-----------------|---|--------------------------------------|--|--|--|
| Current Principal Place of Business: | | | | New Principal Place of Business: | | |
| 2565 WEST 56TH STREET APT 101 HIALEAH, FL 330164707 | | | | 2565 WEST 56TH STREET APT 101 HIALEAH, FL 330164707 | | |
| Current Mailing Address: | | | | New Mailing Address: | | |
| 2565 WEST 56TH STREET APT 101 HIALEAH, FL 330164707 | | | | 2565 WEST 56TH STREET APT 101 HIALEAH, FL 330164707 | | |
| FEI Number: | 26-0520722 | FEI Number Applied For () | FEI Number No | ot Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | | Name and Address of New Registered Agent: | | |
| FUSTE, JULIO 2565 WEST 56TH STREET APT 101 HIALEAH, FL 330164707 US | | | | FUSTE, JULIO 2565 WEST 56TH STREET APT 101 HIALEAH, FL 330164707 US | | |
| The above in the State | | submits this statement for the p | ourpose of chan | ging its registered | d office or registered agent, or both, | |
| SIGNATURE: | | | | 01/05/2009 | | |
| Electronic Signature of Registered Agent | | | | Date | | |
| Election Can | npaign Financin | g Trust Fund Contribution (). | | | | |
| OFFICERS AND DIRECTORS: | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | |
| Title: Name: Address: City-St-Zip: | FUSTE, JULIO |) Delete STH STREET APT 101 330164707 | Title: Name: Addres City-Si | ss: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | FLORES, NOE | TH STREET APT 101 | Title: Name: Addres City-Si | ss: | ()Change ()Addition | |
| Title: Name: Address: | FUSTE, ARIÈL |) Delete TH STREET APT 101 | Title: Name: Addres | | () Change () Addition | |

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.

City-St-Zip:

SIGNATURE: JULIO FUSTE DP 01/05/2009