2006 FOR PROFIT CORFORATION ANNUAL REPORT

Feb 20, 2006 08:00 AM **Secretary of State** DOCUMENT # P93000035495 JEFF COMPUTERS SERVICE, INC. Principal Place of Business Mailing Address 901 NW 132ND CT. 901 NW 132ND CT. MIAMI, FL 33182 MIAMI, FL 33182 US 02152006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0408005 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent FERNANDEZ, JOSE E DO NOT WRITE 901 NW 132ND CT. MIAMI, FL 33182 IN THIS SPACE 5. 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, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstaling) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE FERNANDEZ, JOSE E NAME STREET ADDRESS 901 NW 132ND CT. CITY - ST-ZIP MIAMI, FL 33182 TITLE NAME STREET ADDRESS 11(11)11(1440397 CITY-ST-21P 114/112/06 80039-013 158.75 TITLE NAME STITLET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

12. I horoby certify that the information supplied with this filling 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 it made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required to Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an accuracy, with all either the empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

305-525-5670

FILED