

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90034 044 ***150.00

DOCUMENT # P93000074876

1. Entity Name

ENTERPRISE COMPUTER CONCEPTS, INC.



Principal Place of Business

7220 NW 36TH STREET
SUITE 220
MIAMI FL 33166

Mailing Address

7220 NW 36TH STREET
SUITE 220
MIAMI FL 33166

2. Principal Place of Business

7220 NW 36TH STREET

Suite, Apt. #, etc.

SUITE 628

City & State

Miami Florida

Zip

33166

Country

EUA

3. Mailing Address

7220 NW 36TH STREET

Suite, Apt. #, etc.

SUITE 628

City & State

Miami Florida

Zip

33166

Country

EUA



MOORE

CR2E034 (11/03)

4. FEI Number

52-2271079

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

VASSALLO, CLAUDIO
7220 NW 36 ST
SUITE 220
MIAMI FL 33166

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

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME VASSALLO, CLAUDIO
STREET ADDRESS 7220 NW 36ST SUITE 220
CITY-ST-ZIP MIAMI FL 33166 ☒ Delete

TITLE S
NAME SUAREZ, ROSARIO M
STREET ADDRESS 40 SW 34 AVENUE
CITY-ST-ZIP MIAMI FL 33135 ☒ Delete

TITLE T
NAME SUAREZ, ROSARIO M
STREET ADDRESS 40 SW 34 AVENUE
CITY-ST-ZIP MIAMI FL 33135 ☒ Delete

TITLE VP
NAME VASSALLO, CALUDIO
STREET ADDRESS 7220 NW 36 SUITE 220
CITY-ST-ZIP MIAMI FL 33166 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME VASSALLO, CLAUDIO
STREET ADDRESS 7220 NW 36 ST. Suite 628
CITY-ST-ZIP Miami, FL 33166 ☒ Change ☒ Addition

TITLE S
NAME SUAREZ, MARIA
STREET ADDRESS 7220 NW 36 ST. Suite 628
CITY-ST-ZIP Miami, FL 33166 ☒ Change ☒ Addition

TITLE T
NAME SUAREZ, MARIA
STREET ADDRESS 7220 NW 36 ST. Suite 628
CITY-ST-ZIP Miami, FL 33166 ☒ Change ☒ Addition

TITLE VP
NAME VASSALLO, CLAUDIO
STREET ADDRESS 7220 NW 36 ST. Suite 628
CITY-ST-ZIP Miami, FL 33166 ☒ Change ☒ Addition

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

01/27/04