2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2005 8:00 am
Secretary of State
04-22-2005 90269 041 ***150.00

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DOCUMENT # P93000074876

1. Entity Name
ENTERPRISE COMPUTER CONCEPTS, INC.

Principal Place of Business	Mailing Address
7220 NW 36TH STREET SUITE 628 MIAMI, FL 33166	7220 NW 36TH STREET SUITE 628 MIAMI, FL 33166

04152005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
P.O Box 350490	P.O Box 350490
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami fl	City & State: miami fl
Zip: 33135 Country: Dade	Zip: 33135 Country: Dade

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	7. Name and Address of New Registered Agent
VASSALLO, CLAUDIO 7220 NW 36 ST SUITE 220 MIAMI, FL 33166	Name Street Address (P.O. Box Number is Not Acceptable): 6854 W Eagle Street City: Miami FL Zip Code: 33144

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] DATE: 04/20/05
Signature required or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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	P VASSALLO, CLAUDIO 7220 NW 36TH STREET SUITE 628 MIAMI, FL 33166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition P.O Box 350490 Miami fl 33135
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SUAREZ, MARIA 7220 NW 36TH STREET SUITE 628 MIAMI, FL 33166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition P.O Box 350490 Miami fl 33135
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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] 04/20/05 (305)6326668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #