

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000002141

1. Entity Name
COMPUTER SERVICES DEPOT, INC.



Principal Place of Business

**8518 S.W. 8TH ST.
SUITE 116
MIAMI, FL 33144**

Mailing Address

**8518 S.W. 8TH ST.
SUITE 116
MIAMI, FL 33144**



03072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0458692

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**COSTA, GEORGE
8518 S.W. 8TH ST.
SUITE 116
MIAMI, FL 33144**

**DO NOT WRITE
IN THIS SPACE**

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

TITLE **P**
NAME **COSTA, GEORGE**
STREET ADDRESS **980 95TH ST. OCEAN**
CITY-ST-ZIP **MARATHON, FL 33050**

TITLE **T**
NAME **COSTA, NORMA**
STREET ADDRESS **980 95TH ST. OCEAN**
CITY-ST-ZIP **MSARATHON, FL 33050**

TITLE **S**
NAME **MARTINEZ, CARMEN A**
STREET ADDRESS **833 WEST AVE APT. 201**
CITY-ST-ZIP **MIAMI BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000663577
03/22/07-80009-022 150.00

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IN THIS SPACE**

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 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:

George Costa **GEORGE COSTA (P)**

3/7/2007

(786) 367-8469

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #