

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 NOV -7 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000071971

1. Entity Name
MIAMI COMPUTER CENTER INC.



Principal Place of Business
3008 N.W. 72 AVENUE
MIAMI, FL 33122 US

Mailing Address
3008 N.W. 72 AVENUE
MIAMI, FL 33122 US

2. Principal Place of Business
X 1001 91 Street

3. Mailing Address

Suite, Apt. #, etc.
Apt. 602

Suite, Apt. #, etc.

City & State
Bay Harbor Florida

City & State

Zip
33154

Country

Zip

Country



REINSTATEMENT 2005

6. Name and Address of Current Registered Agent

TORRES, GUSTAVO
3008 N.W. 72 AVENUE
MIAMI, FL 33122

7. Name and Address of New Registered Agent

Name
GUSTAVO-TORRES

Street Address (P.O. Box Number is Not Acceptable)

1001 91 Street Apt. # 602

City
Bay Harbor, FL

Zip Code
33154

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 X *[Signature]* GUSTAVO TORRES 11/1/05

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 January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TORRES, GUSTAVO 3008 N.W. 72 AVENUE MIAMI, FL 33122 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Torres Gustavo 1001 91 Street Apt. # 602 Bay Harbor, Fl. 33154 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600061622466 11/22/05--01036--011 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: X *[Signature]* PRESIDENT 11/1/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2082

October 18, 2005

Secretary of State
Division of Corporations
Annual Report Section
P.O. Box 68501
Tallahassee, FL 32314

Document # P-95000071971
FEI: 65-0615976

Re: **MIAMI COMPUTER CENTER, INC.**
782 N.W. Lejeune Road
Suite # 428
Miami, Florida 33126

Gentleman:

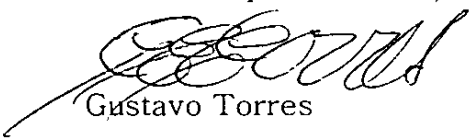
Enclosed please find copy of Uniform Business Report, and a check in the amount of \$ 150.00 I never received the form to file it.

Please abate any penalties since we never received the form.

Thanking you for your prompt attention in this matter.

Cordially,

Miami Computer Center, Inc.


Gustavo Torres