2004 FOR PROFIT CORPORATION ANNUAL REPORT

May 06, 2004 8:00 am Secretary of State **DOCUMENT # P95000082730** 05-06-2004 90164 032 ***150.00 COMPUTER MANAGEMENT USA, INC. Principal Place of Business Mailing Address **24022869** 13501 INGENUITY DRIVE P:0. BOX 3T29 WINTER PARK; Ft 32790-3129 US SUITE 100 ORLANDO, FL 32826 3. Mailing Address 2. Principal Place of Business 13501 Incently Drive Suite, Apt. #, etc. Suite, Apt. #, etc. 04292004 CR2E034 (10/03) 100 Sute City & State 4. FEI Number Applied For City & State FL \mathcal{O} r \setminus a \wedge 59-3345401 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 2826 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PEREIRA, LUIS Street Address (P.O. Box Number is Not Acceptable) 1835 BRYAN AVENUE WINTER PARK, FL 32789 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE ... 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN:11: 10 ☐ Delete TITLE ☐ Change ☐ Addition TITLE ". PEREIRA, DOS REIS AGOS L NAME NAME STREET ADDRESS 1835 BRYAN AVENUE STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32789 CITY-ST-ZIP Change TITLE ☐ Delete ☐ Addition HARWARD, DENNIS NAME NAME 61578 Devils Lake Drive 7645 ALBRITTON ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIF SAINT CLOUD, FL 34772 CITY-ST-ZIP OR 97702 ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7iP O!:d □ Dolote Change 'C Addition TITLE NAME for ta Figure Cont. Minde the STREET ADDRESS 1271 \$1.00 % 9. Efection Co. File 5 CITY-ST-ZIP CITY-ST-ZIP 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: ATURE AND TYPED OR PRINTED NAME OF SIGNING Daytime Phone

FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

May 05, 2003 8:00 am

Secretary of State

DOCUMENT # P95000082730)						Secretary of State					
1. Entity Name COMPUTER MANAGEMENT USA, INC. 05-05-2003 90170 018 ***150.00											
District Dist	(P.)	Na Gara			TE TEST						
Principal Plac 13501 INGENI		Mailing Address P.O. BOX 3129				ļ					
SUITE 100 ORLANDO FL	32826	WINTER PARK FL 32790-3129 US			T HERMAN IN THE THE POWER BOWN TO THE BOWN TO THE RELECTION IN THE HEALT WIND LOSIN TO A						
U\$ 2. Principal Place of Business 3. Mailing Address											
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & Stat	e	City & State				4. FEI Numb	^{oer} 59-3345401			oplied For of Applicable	
Zip	Country		1	Country		5. Certificat	e of Status Desired		8.75 Add		
	6. Name and Address of Current	Registered	Agent			7. Name an	d Address of New F				
DEDEIDA	11110			Name			<u>• </u>				
PEREIRA, LUIS 1835 BRYAN AVENUE					Street Address (P.O. Box Number is Not Acceptable)						
WINTER PARK FL 32789											
						FL Zip Code					
	named entity submits this statement to	r the purpose	of changing its re	gistered office of	register	ed agent, or be	oth, in the State of Flo	orida. I am fam	niliar 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, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							lection Campaign Fir rust Fund Contributio			May Be to Fees	
10. OFFICERS AND DIRECTORS 11.						ADDITIONS	CHANGES TO OFF	ICERS AND D	RECTOR!	S IN 11	
TITLE	D MEAKIN, ANTHONY		Delete	TITLE NAME					Change	☐ Addition	
NAME STREET ADDRESS	2 NORTHSHORE OCEAN VIEW			STREET ADDRESS	Į						
CITY-ST-ZIP	4151 SOUTH AFRICA	<u></u> -	W	CITY-ST-ZIP	 _				7.6	- Addition	
TITLE NAME	D Meakin, Linda Marion		Delete	TITLE NAME]			L] Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	2 NORTHSHORE OCEAN VIEW 4151 SOUTH AFRICA			STREET ADDRESS CITY-ST-ZIP							
TITLE	PDS		☐ Delete	TITLE	 	<u> </u>			Change	Addition	
NAME STREET ADDRESS	PEREIRA, DOS REIS AGOS L 1835 BRYAN AVENUE			NAME STREET ADDRESS							
CITY-ST-ZIP	WINTER PARK FL 32789			CITY-ST-ZIP	<u> </u>						
TITLE NAME	D Hurward, Dennis J	ormed	□ Delete Spelling	TITLE NAME	1114	PULLER	DENNIS	9	Change	Addition	
STREET ADDRESS	7645 ALBRITTON ROAD	.04 1024	Spening.	STREET ADDRESS	יאתן	CW/FED,	.500				
CITY-ST-ZIP	SAINT CLOUD FL 34772			CITY-ST-ZIP	ļ						
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TITLE			☐ Delete	TITLE	-				Change	Addition	
NAME			53005	NAME				_	•		
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP							
12. I hereby	certify that the information supplied with	this filing do	es not qualify for th	e exemption sta	ted in Se	ction 119.07(3)(i), Florida Statutes.	further certify	that the ir	nformation	

12. I nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes 1 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:

Charles REAL PERENT

04/28/03