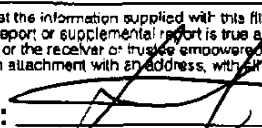


FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90105 019 ***158.75

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P95000085422			
1. Entity Name IMPACT COMPUTERS AND ELECTRONICS, INC.			
Principal Place of Business 2021 COOLIDGE ST. HOLLYWOOD, FL 33020		Mailing Address 2021 COOLIDGE ST. HOLLYWOOD, FL 33020	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0618530		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	
SALAUES, RAFAEL 5700 COLLINS AVENUE APT 7D MIAMI BEACH, FL 33140		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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	PD SALAUES, RAFAEL 5700 COLLINS AVENUE APT 7D MIAMI BEACH, FL 33140 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SALAUES, GABRIEL 5700 COLLINS AVENUE APT 7D MIAMI BEACH, FL 33140 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SALAUES, ORIETTA 5700 COLLINS AVENUE APT 7D MIAMI BEACH, FL 33140 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Daniela Salaves 5700 COLLINS AVE APT 7D MIAMI BEACH, FL 33140 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 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: 		RAFAEL SALAUES 04/27/06 954 920 300	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

60038082



04272006 Chg-P CR2E034 (11/05)