


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2006 08:00 AM**  
**Secretary of State**

|  |                    |                                 |   |   |  |
|--|--------------------|---------------------------------|---|---|--|
| <b>DOCUMENT # P97000009242</b>   |                    |                                 |   |    |  |
| 1. Entity Name<br><b>TAKE A BYTE COMPUTERS INC.</b>  |                    |                                 |   |   |  |
| Principal Place of Business<br><b>2209 HOLLYWOOD BLVD.<br/>HOLLYWOOD FL 33020</b>  |                    |                                 | Mailing Address<br><b>2209 HOLLYWOOD BLVD.<br/>HOLLYWOOD FL 33020</b> |   |  |
| 2. Principal Place of Business   |                    |                                 | 3. Mailing Address  |   |  |
| Suite, Apt. #, etc.  |                    |                                 | Suite, Apt. #, etc.   |   |  |
| City & State   |                    |                                 | City & State  |   |  |
| Zip  | Country            | Zip                             | Country   |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BERMAN, MYRON B ESQ.<br/>420 LINCOLN ROAD<br/>SUITE 258<br/>MIAMI BEACH FL 33139</b>   |                    |                                 |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 re-registering) DATE _____   |                    |                                 |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |                    |                                 |   |   |  |
| 9. Election Campaign Financing <b>\$5.00</b> May Be Added to Fees<br>Trust Fund Contribution <input type="checkbox"/>  |                    |                                 |   |   |  |
| 10. OFFICERS AND DIRECTORS   |                    |                                 |   |   |  |
| TITLE  | PD                 | <input type="checkbox"/> Delete |   |   |  |
| NAME   | BAKER, FRED        |                                 |   |   |  |
| STREET ADDRESS   | 2924 DEWYE STREET  |                                 |   |   |  |
| CITY - ST - ZIP  | HOLLYWOOD FL 33020 |                                 |   |   |  |
| TITLE  | SD                 | <input type="checkbox"/> Delete |   |   |  |
| NAME   | WILLIAMS, JUDITH A |                                 |   |   |  |
| STREET ADDRESS   | 2924 DEWEY STREET  |                                 |   |   |  |
| CITY - ST - ZIP  | HOLLYWOOD FL 33020 |                                 |   |   |  |
| TITLE  |                    | <input type="checkbox"/> Delete |   |   |  |
| NAME   |                    |                                 |   |   |  |
| STREET ADDRESS   |                    |                                 |   |   |  |
| CITY - ST - ZIP  |                    |                                 |   |   |  |
| TITLE  |                    | <input type="checkbox"/> Delete |   |   |  |
| NAME   |                    |                                 |   |   |  |
| STREET ADDRESS   |                    |                                 |   |   |  |
| CITY - ST - ZIP  |                    |                                 |   |   |  |
| TITLE  |                    | <input type="checkbox"/> Delete |   |   |  |
| NAME   |                    |                                 |   |   |  |
| STREET ADDRESS   |                    |                                 |   |   |  |
| CITY - ST - ZIP  |                    |                                 |   |   |  |
| TITLE  |                    | <input type="checkbox"/> Delete |   |   |  |
| NAME   |                    |                                 |   |   |  |
| STREET ADDRESS   |                    |                                 |   |   |  |
| CITY - ST - ZIP  |                    |                                 |   |   |  |



1st MOORE CR2E034 (10/05)

4. FEI Number **65-0732178** Applied For Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
**FL** Zip Code

9. Election Campaign Financing **\$5.00** May Be Added to Fees  
Trust Fund Contribution ☐

|                            |                    |   |  |
|----------------------------|--------------------|---|--|
| 10. OFFICERS AND DIRECTORS |                    | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
| TITLE                      | PD                 | TITLE   |  |
| NAME                       | BAKER, FRED        | NAME  |  |
| STREET ADDRESS             | 2924 DEWYE STREET  | STREET ADDRESS  |  |
| CITY - ST - ZIP            | HOLLYWOOD FL 33020 | CITY - ST - ZIP                                       |  |
| TITLE                      | SD                 | TITLE   |  |
| NAME                       | WILLIAMS, JUDITH A | NAME  |  |
| STREET ADDRESS             | 2924 DEWEY STREET  | STREET ADDRESS  |  |
| CITY - ST - ZIP            | HOLLYWOOD FL 33020 | CITY - ST - ZIP                                       |  |
| TITLE                      |                    | TITLE   |  |
| NAME                       |                    | NAME  |  |
| STREET ADDRESS             |                    | STREET ADDRESS  |  |
| CITY - ST - ZIP            |                    | CITY - ST - ZIP                                       |  |
| TITLE                      |                    | TITLE   |  |
| NAME                       |                    | NAME  |  |
| STREET ADDRESS             |                    | STREET ADDRESS  |  |
| CITY - ST - ZIP            |                    | CITY - ST - ZIP                                       |  |
| TITLE                      |                    | TITLE   |  |
| NAME                       |                    | NAME  |  |
| STREET ADDRESS             |                    | STREET ADDRESS  |  |
| CITY - ST - ZIP            |                    | CITY - ST - ZIP                                       |  |
| TITLE                      |                    | TITLE   |  |
| NAME                       |                    | NAME  |  |
| STREET ADDRESS             |                    | STREET ADDRESS  |  |
| CITY - ST - ZIP            |                    | CITY - ST - ZIP                                       |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-27-06 954-927-8668**

Date

Daytime Phone #