

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000025007

1. Entity Name
MIAMI COMPUTER DISTRIBUTORS, INC.



Principal Place of Business
8013 NW 29TH STREET
MIAMI, FL 33122

Mailing Address
8013 NW 29TH STREET
MIAMI, FL 33122

FILED
Jun 11, 2008 08:00 AM
Secretary of State



06032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0752204

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SANTANA, FRANCIS X ESQ.
28 W. FLAGLER ST.
SUITE 500
MIAMI, FL 33130

**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 re-stating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
RENGIFO, ROSANA
8013 NW 29TH STREET
MIAMI, FL 331221058

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
QUISPE, NESTOR
10209 NW 56 STREET
MIAMI, FL 33178

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TAZOE, RICARDO
8013 NW 29TH STREET
MIAMI, FL 33122

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000953005
06/11/08-80004-010 158.75

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

06/03/08