

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000026240

FILED  
Apr 25, 2004  
Secretary of State

**Entity Name:** COMPUFRIEND COMPUTER CORPORATION

**Current Principal Place of Business:**

4837 GANIMEDE LANE  
ORLANDO, FL 32821817 US

**New Principal Place of Business:**

**Current Mailing Address:**

22 WAGON LANE  
LEVITTOWN, NY 117564112

**New Mailing Address:**

**FEI Number:** 59-3439637

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WEXLER, DAVID W  
4837 GRANIMEDE LANE  
ORLANDO, FL 328218217 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PVTs ( ) Delete  
**Name:** WEXLER, DAVID W  
**Address:** 4837 GANIMEDE LANE  
**City-St-Zip:** ORLANDO, FL 328218217

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** DAVID WEXLER

PVTs

04/25/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date