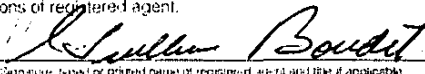
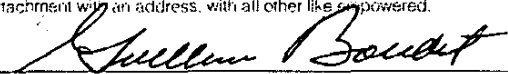


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90071 041 ***150.00

DOCUMENT # P97000093448 1. Entity Name COMPUSOUTH, INC.					
Principal Place of Business 27951 SW 168 COURT HOMESTEAD, FL 33031			Mailing Address P.O. BOX 924514 PRINCETON, FL 33092-4514 US		
2. Principal Place of Business:		3. Mailing Address:			
Suite, Apt. #, etc.:		Suite, Apt. #, etc.:			
City & State:		City & State:			
Zip:		Country:		02262005 Chg-P CR2E034 (10/03)	
4. FEI Number 65-0793932				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JONES, CHARLES L 9900 SW 168 STREET STE 9 MIAMI, FL 33157			7. Name and Address of New Registered Agent Name: Guillermo Boudet Street Address (P.O. Box Number is Not Acceptable): 27951 SW 168 Court City: Homestead FL Zip Code: 33031		
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:  DATE: 3/16/05 (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when term(s) ending) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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-STATE-ZIP	PVST BOUDET, GUILLERMO 27951 SW 168 COURT HOMESTEAD, FL 33031	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D BOUDET, GUILLERMO 27951 SW 168 COURT HOMESTEAD, FL 33031	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V ROGELIOE, ANASAGASTI 2485 SE 7 PLACE HOMESTEAD, FL 33033	☒ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	(Empty)	☐ Delete			
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: 			3/16/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		