## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT # P97000099569**

COMPUTER GENERATION, INC.



**FILED** Mar 23, 2007 08:00 AM **Secretary of State** 

Principal Place of Business

11098 BISCAYNE BLVD. SUITE 302 MIAMI, FL 33161

Mailing Address

11098 BISCAYNE BLVD. SUITE 302 MIAMI, FL 33161



## DO NOT WRITE IN THIS SPACE

03132007	No Chg-P	CR2E034 (11/05)
00102001		

Applied For 4. FEI Number Not Applicable 65-0809110 \$8,75 Additional 5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

GLASER, ALLAN 11098 BISCAYNE BLVD. **SUITE 302** MIAMI, FL 33161

## DO NOT WRITE IN THIS SPACE

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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 reinstating)  DATE					
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000676704 03/30/07-80060-020 150.00
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOBKOWICZ, MARTIN 11098 BISCAYNE BLVD. MIAMI, FL 33161		• ,		
TITLE NAME STREET ADDRESS CITY-ST-JIP	ST ZAWADZKI, PAUL 11098 BISCAYNE BLVD. STE 302 MIAMI, FL 33161				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GEARTNER, CLARK 11098 BISCAYNE BLVD STE 302 MIAMI, FL 33161		DO NOT WRITE IN THIS SPACE		
TITLE NAME					
STREET ADDRESS CITY-ST-ZIP		1			

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 suppliemental 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 true true and officer or director changed, or on an attachyrent with an adoptes, with all other the empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS