


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000099569</b>	
1. Entity Name <b>COMPUTER GENERATION, INC.</b>	

Principal Place of Business <b>11098 BISCAYNE BLVD. SUITE 302 MIAMI, FL 33161</b>	Mailing Address <b>11098 BISCAYNE BLVD. SUITE 302 MIAMI, FL 33161</b>
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02072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0809110</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>GLASER, ALLAN 11098 BISCAYNE BLVD. SUITE 302 MIAMI, FL 33161</b>
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**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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

U00000908857  
05/06/08-80045-025 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOBKOWICZ, MARTIN 11098 BISCAYNE BLVD. MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 addresses with an other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/08  
Date

305-891-6383  
Daytime Phone #