
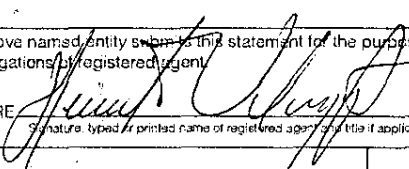
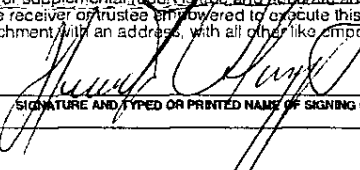


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90026 025 \*\*\*150.00

<b>DOCUMENT # P98000085939</b> 1. Entity Name <b>HVA COMPUTERS, INC.</b>			
Principal Place of Business <b>8325 NW 66 ST. MIAMI, FL 33166 US</b>		Mailing Address <b>8405 N.W. 8TH STREET SUITE 409 MIAMI, FL 33126 US</b>	
2. Principal Place of Business <b>8516 N.W. 66 st</b> Suite, Apt. #, etc.		3. Mailing Address <b>7550 N.W. 112 Path</b> Suite, Apt. #, etc.	
City & State <b>Miami - Florida</b>		City & State <b>Doral - Florida</b>	
Zip <b>33166</b>		Zip <b>33178</b>	
Country <b>Dade</b>		Country <b>Dade</b>	
4. FEI Number <b>65-0867525</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>VELASQUEZ, HERNANDO 8405 NW 8TH STREET APT 409 MIAMI, FL 33126</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>7550 N.W. 112 Path</b> City <b>Doral</b> <b>FL</b> Zip Code <b>33178</b>	
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  <small>Signature typed or printed name of registered agent and title if applicable.</small>		DATE <b>July 7/04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>VELASQUEZ, HERNANDO</b> <b>8405 NW 8 ST #409</b> <b>MIAMI, FL 33126</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>7550 N.W. 112 Path</b> <b>Doral - FL-33178</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date <b>July 7/04</b> Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

Attachment

54061676

#P98000085939



8516 Nw 66 St Miami -Florida 33166  
Phone: (786)331 8544- (786)3318504  
Fax: (786)3318515

Miami, July 8, 2004

Florida Department of State  
Division of Corporations

The reason of this letter is to inform you, that we did not receipt the form to fill the annual report, the reason was that we moved from were we were to a new address, we do apologies for not filling on time, but it was way out our hands. On July 5, 2004 we just receipt the notice of intent to dissolve. As you may see our intent is to keep in business, but we consider that was not our intention not to pay in time. We hope you understand, and we really appreciate your help.

Sincerely,



Hernando Velasquez  
Current Register Officer

P/d Enclose is the check for the annual renew