## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000098543

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

MIAMI, FL 33162 US

ALEXIS, JEAN G

13136 NW 7TH AVE

MIAMI, FL 33168 US

() Delete

FILED Feb 19, 2004 Secretary of State

Entity Nan	ne: ACLCC	OMPUTE	ER SERVICES, IN	О.				•	
Current Principal Place of Business:					New Principal Place of Business:				
13136 N.W MIAMI, FL		NUE							
Current Mailing Address:					New Mailing Address:				
13136 N.W MIAMI, FL		NUE							
FEI Number:	65-0877318	FEI	Number Applied For	( ) FEI Nui	mber Not Appl	icable ( )	Certifica	te of Status De	sired (X)
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:				
AMERILAW 343 ALMER CORAL GA	RIA AVENU		US						
The above in the State		ty submi	ts this statement fo	or the purpose o	of changing it	ts registere	d office or r	egistered age	ent, or both,
SIGNATUR	!E:								
Electronic Signature of Registered Agent					Date				
Election Cam	paign Finan	cing Trust	Fund Contribution (	).					
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS				
Title: Name: Address: City-St-Zip:	P ALEXIS, JE 13136 N.W. MIAMI, FL	7TH AVE			Title: Name: Address: City-St-Zip:	P ALEXIS, JE 13136 NW MIAMI, FL	7TH AVENUE	( ) Addition	
Title: Name: Address: City-St-Zip:	S ALEXIS, MA 1515 NW 13 MIAMI, FL	BOTH STRE			Title: Name: Address: City-St-Zip:	S ALEXIS, JE 13136 NW MIAMI, FL	7TH AVENUE	( ) Addition	
Title: Name: Address:	T BENJAMIN, 305 NE 151				Title: Name: Address:	T ALEXIS, JE 13136 NW	(X) Change AN G 7TH AVENUE	( ) Addition	

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

MIAMI, FL 33168 US

() Change () Addition

SIGNATURE: JEAN GUY ALEXIS P 02/19/2004