2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 08, 2007 8:00 am Secretary of State

DOCUMENT # P9900000347 1. Entity Name COMPUTER USA, INC.						01-08-2007 9	0248 016 ***	150.0	00
Principal Place of Business 9890 SW 40TH STREET MIAMI, FL 33165 US			9890 SW 40TH STREET			000211	77 24 111 2410 2411	815W 188	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	3. Mailing Address			7,000			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01042007	Chg-P	CR2E034 (12	2/06)	
City & State		City & State	City & State		4. FEI Numb			 	plied For t Applicable
Zip	Country	Zip	Countr	У	5. Certificate	of Status Desired		5 Addi equired	
6. Name and Address of Current Registered Agent					7. Name and	Address of New R	egistered Agent		
15895 SW	F, SERGIO 1 55TH TERRA 6651 5 1 53185 33193		Name Street Address (P.O. Box Numb	er is Not Acceptable)			
			ŀ	City			FL Zig	p Code	;
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 of applicable (NOTE Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150:00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees									
10.	OFFICERS A	ND DIRECTORS	11.		ADDITIONS	/CHANGES TO OFF	ICERS AND DIREC	CTORS	IN 11
TITLE	PS Delete		TITLE				Cr		Addition
NAME	SCHINOFF, EDGARDO, S SS 15895-SW-55THTERRACE COGS SW 158 CT								
CITY-ST-ZIP				I ADDRESS ST-ZIP					
TITLE	\\rac{1}{2}			-					- Addition
NAME	PORCH LAURA M		TITLE NAME				LJ G	ange	☐ Addition
STREET ADDRESS				T ADDRESS					1
CITY-SI-ZIP	MIAMI, FL 33185 33193		CITY-S	ST - ZIP			- <u>-</u> -		
TITLE NAME		☐ Delete	TITLE NAME	ļ			☐ Ch	ange	Addition
STREET ADDRESS				I ADDRESS					
CITY-ST-ZIP			CITY-S	ST-ZIP					
TITLE		☐ Defele	TITLE			· · · · · ·	☐ Ch	ange	Addition
NAME STREET ADDRESS			NAME	1000000					
CITY-ST-ZIP			CITY-S	FADDRESS ST-ZIP					:
IIITE		Delete	TIDLE				Ch	anne	☐ Addition
NAME			NAME					g.	
STREET ADDRESS CITY-ST-ZIP			И	ADDRESS					
TITLE		☐ Delete	CITY-S	21-71L					
NAME		L., Delete	NAME				☐ Ch	ange	Addition
STREET ADDRESS			ħ	ADDRESS					
CITY-ST-ZIP	<u> </u>		CITY-S	I .					
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 accurage 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 kills empowered.									
SIGNATURE: 1/4/07									

SIGNATURE AND TYPED OF PRINTED JAME OF SIGNING OFFICER OR DIRECTOR