2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 23, 2004 8:00 am Secretary of State 02-23-2004 90015 042 ***150.00

DOCUMENT # P99000021772 1. Entity Name COMPUTER COMPONENTS INTERNATIONAL, INC.							02-23-2004	4 9001 5	042 ***1:	50.00
Principal Place	e of Business	3	Mailing Address			1				
			4084 ARNOLD AVE							
			UNIT #1							
NAPLES, FL			NAPLES, FL 34104				TUR ITU BTU TEN TRU			
2. Principal Place of Business			-3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02032004	Chg-P	CR2E0	34 (10/03)	***
City & State			City & State			4. FEI Number 65-0924				plied For t Applicable
Zip	Zip Country		Zip	Country		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
	6. Name	and Address of Current	Registered Agent	1	I ' '	7. Name and A	Address of New R			
				===	-Name					
ABRUZZO, LUDWIG J 5425 PARK CENTRAL COURT NAPLES, FL 34109					Street Address (P.O. Box Number	is Not Acceptable)		
9										:
, in the second			City					FL	Zip Code	e
	named entit tions of regist		r the purpose of changing its	register	ed office or register	red agent, or both	, in the State of Flo	rida. I am t	familiar with,	and accept
SIGNATURE_	Signature, typed	or printed name of registered agent	and title it applicable. (NOT	E; Registere	d Agent signature required	d when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00										
After Ma	ay 1, 200	FEE IS \$150.00 4 Fee will be \$550.0	9. Election Campa Trust Fund Con	-		.00 May Be led to Fees				
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12. I nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Forda 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

239-261-5060

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Daytime Phone #