2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 07, 2004 8:00 am Secretary of State 04-07-2004 90038 039 ***150.00

DOCUMENT # P990000 I. Entity Name RBC COMPUTERS, INC.)29550		04-07-2004 90038 039 ***150.00
Principal Place of Business 10877 NW 33 ST MIAMI, FL 33172	Mailing Address 10877 NW 33 ST - MIAMI, FL 33172		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		03122004 Chg-P CR2E034 (10/03)
City & State	City & State		4. FEI Number Applied For 65-0989616 Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired Sa.75 Additional Fee Required
6. Name and Address of Cu PREPELITCHI, EDUARDO 15601 SW 14 ST. PEMBROKE PINES, FL 33027	rrent Registered Agent		7. Name and Address of New Registered Agent. REPERITCHI, EDWARDO S (P.O. Box Number is Not Acceptable) S.W. 171 Ferrale BROKE FINES FL Zip Co33027
8. The above named entity submits this statenthe obligations of registered about. SIGNATURE Signature, typed or printed name of registere FILE NOW!!! FEE IS \$150.0 After May 1, 2004 Fee will be \$	d agent and title il applicable. (Managent and title il applicable. (Managent and title il applicable.)	DTE: Registered Agent signature requi	tered agent, or both, in the State of Florida. I am familiar with, and accept 04/02/04 DATE 5.00 May Be dded to Fees
10. OFFICERS	AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE DPS PREPELITCHI, EDUARDO 7730 SW 68 TERRACE CITY-ST-ZIP MIAMI, FL 33143	☐ Delete	0.714 OT 710 1/745	PS EPELITCHI, EDUARDO Genage Addition II SW 171 HERRORE HORDKE PINES, Pl 33027
TITLE DV TAUSHERTCHI, ELIAS STREET ADDRESS 7730 SW 68 TERRACE DTY-ST-ZIP MIAMI, FL 33143	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HONORE FINES, I SOUTH Addition Addition AUSCHER, ELIAS II S.W. 171 Terrace DEMORPHE FINES, FL 33027
TITILE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ~~	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE VAME STREET AODRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CATY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplie indicated on this report or supplemental re of the corporation or the receiver or truster changed, or on an attachment with an add SIGNATURE:	ed with this filing does not qualify portion to the structure and accurate and the seminowered to execute this report with self-order with sel	for the exemption stated in it my signature shall have th ort as required by Chapte 5 ad.	Section 119.07(3)(i), Florida Statutes. I further certify that the information let ame legal effect as if made under cath; that I am an officer or director 307. Florida Statutes; and that my name appears in Block 10 or Block 11 if 04/03/04 (305) 593-36

EDUARDO PREPEZITOHI PRESIDENT