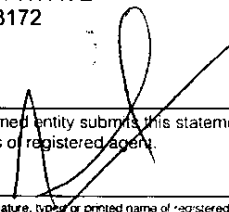
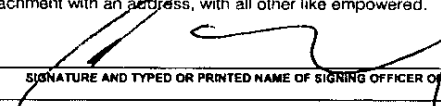


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90034 039 ***158.75

DOCUMENT # S96762 1. Entity Name ALLPLUS COMPUTER SYSTEMS CORP.					
Principal Place of Business 3069 N.W. 107TH AVE MIAMI, FL 33172 US			Mailing Address 3069 N.W. 107TH AVE MIAMI, FL 33172 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 65-0297379				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				02072008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent RODRIGUES, JOSE J 3069 N.W. 107TH AVE MIAMI, FL 33172			7. Name and Address of New Registered Agent Name RODRIGUES, ALBERTO M. J. Street Address (P.O. Box Number is Not Acceptable) 3069 N.W. 107th AVENUE City DORAL FL Zip Code 33172		
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  DATE 02/07/08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS RODRIGUES, JOSE JERONIMO 9657 NW 109 AVE DORAL, FL 33178	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS RODRIGUES, ALBERTO M. J. 6957 N.W. 109 AVE DORAL, FL 33178	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RODRIGUES ALBERTO M. J. 6957 NW 109 AVE DORAL, FL 33178	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RODRIGUES, EDUARDO JOSE 6957 N.W. 109 AVE DORAL, FL 33178	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RODRIGUES EDUARDO J. 6957 NW 109 AVE DORAL, FL 33178	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RODRIGUES, CAMILO J. D. 6957 N.W. 109 AVE DORAL, FL 33178	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUES, CAMILO J. D. 6957 NW 109 AVE DORAL, FL 33178	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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 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: 			02/07/08 (305) 436-3993		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		