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	Mailing Address
3069 N.W. 107TH AVE MIAMI, FL 33172 US	3069 N.W. 107TH AVE MIAMI, FL 33172 US

02072008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0297379 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RODRIGUES, JOSE J 3069 N.W. 107TH AVE MIAMI, FL 33172	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 _____ 02/07/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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
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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 #