

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F79743

**Entity Name:** COMPUQUIP TECHNOLOGIES, INC.

**Current Principal Place of Business:**

703 WATERFORD WAY SUITE 220  
MIAMI, FL 33126

**Current Mailing Address:**

703 WATERFORD WAY SUITE 220  
MIAMI, FL 33126 US

**FEI Number:** 59-2189948

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ANDERSON, IAN J  
703 WATERFORD WAY SUITE 220  
MIAMI, FL 33126 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name DOSAL, ALBERTO  
Address 703 WATERFORD WAY SUITE 220  
City-State-Zip: MIAMI FL 33126

Title S  
Name DOSAL, LOURDES  
Address 703 WATERFORD WAY SUITE 220  
City-State-Zip: MIAMI FL 33126

Title D  
Name DOSAL, ERIC  
Address 703 WATERFORD WAY SUITE 220  
City-State-Zip: MIAMI FL 33126

Title D  
Name DOSAL, BRIAN  
Address 703 WATERFORD WAY SUITE 220  
City-State-Zip: MIAMI FL 33126

Title CFO  
Name ANDERSON, IAN J  
Address 703 WATERFORD WAY SUITE 220  
City-State-Zip: MIAMI FL 33126

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: IAN ANDERSON**

**CFO**

**01/27/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date