

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000005729

FILED
Sep 06, 2005
Secretary of State

Entity Name: SOFTSOLUTIONS INT, LLC

Current Principal Place of Business:

424 E CENTRAL BLVD
#106
ORLANDO, FL 32801 US

New Principal Place of Business:

Current Mailing Address:

424 E CENTRAL BLVD
#106
ORLANDO, FL 32801 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SZAFRICS, IMRE
424 E CENTRAL BLVD
#106
ORLANDO, FL 32801 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

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: KONDOR, ZOLTAN SR
Address: FO UTCA 56.
City-St-Zip: KISLAG, HU 8156 HU

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: KONDOR, ZOLTAN
Address: BERENYI UT 17
City-St-Zip: SZEKESFEHERVAR, HU 8000 HU

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: TEGLAS, LASZLO
Address: MIKSZATH KALMAN UTCA 1. 2/9
City-St-Zip: SZEKESFEHERVAR, HU 8000 HU

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: BALASSA, PETER
Address: SARLO UTCA 3. 9/28
City-St-Zip: SZEKESFEHERVAR, HU 8000 HU

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ZOLTAN KONDOR

MGRM

09/06/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date