

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L42799

FILED  
Jan 17, 2004  
Secretary of State

Entity Name: ALLBIZ SOFTWARE CONSULTANTS, INC.

**Current Principal Place of Business:**

1320 SW 20TH STREET  
BOCA RATON, FL 33486 US

**New Principal Place of Business:**

**Current Mailing Address:**

1320 SW 20TH STREET  
BOCA RATON, FL 33486 US

**New Mailing Address:**

FEI Number: 65-0162419      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

FOSS, JOHN P  
1320 SW 20TH ST  
BOCA RATON, FL 33486 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: EDSON, ANNA  
Address: 34 CHESTNUT STREET  
City-St-Zip: LODI, NJ 07644

Title: D ( ) Delete  
Name: FOSS, JOHN P  
Address: 1320 SW 20TH STREET  
City-St-Zip: BOCA RATON, FL 33486

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSD (X) Change ( ) Addition  
Name: EDSON, ANNA L  
Address: 1320 SW 20TH STREET  
City-St-Zip: BOCA RATON, FL 33486

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 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 an address, with all other like empowered.

SIGNATURE: ANNA L EDSON

PRES

01/17/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date