

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000111535

1. Entity Name
POWERSOFT TECHNOLOGIES, INC.



Principal Place of Business
**9145 FONTAINEBLEAU BLVD.
SUITE 5
MIAMI, FL 33172 US**

Mailing Address
**9145 FONTAINEBLEAU BLVD.
SUITE 5
MIAMI, FL 33172 US**

FILED
Feb 18, 2005 08:00 AM
Secretary of State



02142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1062364	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MUNIZ, EDUARDO R
9145 FONTAINEBLEAU BLVD
SUITE 5
MIAMI, FL 33172**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PTVD
NAME	MUNIZ, EDUARDO R
STREET ADDRESS	9145 FONTAINEBLEAU BLVD. #5
CITY- ST- ZIP	MIAMI, FL 33172

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1100001234824
02/18/05-80040-012 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edvardo R. Muniz

2-14-05

305 926 1064

Date

Daytime Phone #