

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P93000077057 1. Entity Name SOFTWARE FX, INC.	
---	---

Principal Place of Business 5200 TOWN CENTER CIRCLE SUITE 450, TOWER 1 BOCA RATON, FL 33486 US	Mailing Address 5200 TOWN CENTER CIRCLE SUITE 450, TOWER 1 BOCA RATON, FL 33486 US
---	---

DO NOT WRITE IN THIS SPACE



02012005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0447728	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

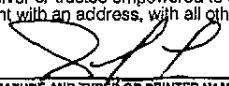
6. Name and Address of Current Registered Agent GARCIA, RENE 5200 TOWN CENTER CIRCLE #450 BOCA RATON, FL 33486	DO NOT WRITE IN THIS SPACE
--	---------------------------------------

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	DATE _____ (NOTE: Registered Agent signature required when reinstating)
---	--	---

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	1100000220466 02/08/05-80072-006 150.00
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GARCIA, RENE 5200 TOWN CENTER CIRCLE BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CEGARRA, JUAN C 5200 TOWN CENTER CIRCLE BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ARRESE-IGOR, FELIX 5200 TOWN CENTER CIRCLE BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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)(i), 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	2/1/05 (561) 999-8888 Date Daytime Phone #
---	--	--