2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000077057

Entity Name: SOFTWARE FX, INC.

FILED Jan 13, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5901 BROKEN SOUND PARKWAY 5901 BROKEN SOUND PKWY NW

SUITE 400 SUITE 400

BOCA RATON, FL 33487 BOCA RATON, FL 33487

New Mailing Address: **Current Mailing Address:**

5901 BROKEN SOUND PARKWAY 5901 BROKEN SOUND PKWY NW

SUITE 400 SUITE 400

BOCA RATON, FL 33487 BOCA RATON, FL 33487 US

FEI Number: 65-0447728 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

GARCIA, RENE GARCIA, RENE

5200 TOWN CENTER CIRCLE 5901 BROKEN SOUND PKWY NW #450 #400

BOCA RATON, FL 33486 US BOCA RATON, FL 33487 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: RENE GARCIA 01/13/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

GARCIA, RENE GARCIA, RENE Name: Name:

5200 TOWN CENTER CIRCLE 5901 BROKEN SOUND PKWY NW #400 Address: Address:

City-St-Zip: BOCA RATON, FL 33486 US City-St-Zip: BOCA RATON, FL 33487 US

VΡ Title: VΡ Title: () Delete (X) Change () Addition

CEGARRA, JUAN C Name: Name: CEGARRA, JUAN C

5200 TOWN CENTER CIRCLE 5901 BROKEN SOUND PKWY NW #400 Address: Address: BOCA RATON, FL 33486 US BOCA RATON, FL 33487 US

City-St-Zip: City-St-Zip:

() Delete Title: Title: (X) Change () Addition ARRESE-IGOR, FELIX ARRESE-IGOR, FELIX Name: Name:

5200 TOWN CENTER CIRCLE 5901 BROKEN SOUND PKWY NW #400 Address Address:

City-St-Zip: BOCA RATON, FL 33486 US City-St-Zip: BOCA RATON, FL 33487 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119 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.

Ρ SIGNATURE: RENE GARCIA 01/13/2006