

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90032 006 ***150.00

DOCUMENT # P0000101105
 1. Entity Name
 EXTEND PILOT SOFTWARE, INC.



Principal Place of Business Mailing Address
 999 PONCE DE LEON BLVD 715 999 PONCE DE LEON BLVD 715
 MIAMI, FL 33134 MIAMI, FL 33134

94036995



2. Principal Place of Business 3. Mailing Address
 2600 Douglas Rd. 2600 Douglas Rd.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 PH 6 PH 6

03092004 Chg-P CR2E034 (10/03)

City & State City & State
 Coral Gables, FL Coral Gables, FL
 Zip Country Zip Country
 33134 US 33134 US

4. FEI Number Applied For
 65-1054455 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PADIAL, JOSE I
 999 PONCE DE LEON BLVD 715
 MIAMI, FL 33134

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 2600 Douglas Rd.
 PH 6
 City Coral Gables FL ZIP CODE 33134

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: *Jose I. Padial* registered agent 3/9/04
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, 2004 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	MARQUES, RICARDO A
STREET ADDRESS	245 SE 1 ST
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	VP <input type="checkbox"/> Delete
NAME	DE ARAUJO, PAULO H
STREET ADDRESS	245 SE 1 ST
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	S <input type="checkbox"/> Delete
NAME	MIRANDA, ROBERTO
STREET ADDRESS	245 SE 1 ST.
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Paulo Araujo* Paulo Araujo, Vice President 3/9/04 (205) 4438010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #