

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90040 040 ***150.00

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1. Entity Name
FOUNDATION SOFTWARE (NORTH AMERICA), INC.



Principal Place of Business
500 N. MAITLAND AVENUE, SUITE 215
MAITLAND, FL 32751

Mailing Address
P.O. BOX 940368
MAITLAND, FL 32751



03042004 No Chg-P CR2E034 (10/03)

4. FEI Number
22-3240091

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

INTERNATIONAL MANAGEMENT & EXEC. SERVICES
C/O FRANK J. GUIDA
500 N. MAITLAND AVENUE, SUITE 215
MAITLAND, FL 32751

**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, 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 NAME STREET ADDRESS CITY - ST - ZIP	CD PULIN, CHANDARIA 500 N. MAITLAND AVENUE, SUITE 215 MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHANDARIA, RAJ 500 N. MAITLAND AVENUE, SUITE 215 MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST PARIKH, PIYUSH 500 N. MAITLAND AVENUE, SUITE 215 MAITLAND, FL 32751
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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/04

Date

Daytime Phone #