


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 08:00 AM
Secretary of State

DOCUMENT # F04000005150	
1. Entity Name TECHNOSOFT CORPORATION	

Principal Place of Business 28411 NORTHWESTERN HIGHWAY, STE. 640 SOUTHFIELD, MI 48034	Mailing Address 28411 NORTHWESTERN HIGHWAY, STE. 640 SOUTHFIELD, MI 48034
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02222007 No Chg-P CR2E034 (11/05)

4. FEI Number 38-3271169	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	P GURUSAMY, RADHAKRISHNAN 28411 NORTHWESTERN HIGHWAY, STE. 640 SOUTHFIELD, MI 48034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST RAMAMOORTHY, GENGA 28411 NORTHWESTERN HIGHWAY, STE. 640 SOUTHFIELD, MI 48034
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Radhakrishnan Gurusamy, President

248-609-2666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #