

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

05-12-2004 90208 011 ***150.00

DOCUMENT # F98000006655

1. Entity Name

Softtek Integration Systems, Inc.

DO NOT WRITE IN THIS SPACE

24074939

2. Principal Place of Business 3350 SW 148th Ave Suite, Apt. #, etc. Suite 110		3. Mailing Address 3350 SW 148th Ave Suite, Apt. #, etc. Suite 110	
City & State Miramar, FL		City & State Miramar, FL	
Zip 33027	Country	Zip 33027	Country

4. FEI Number 91-1864740	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Juan Carlos Salazar	
Street Address (P.O. Box Number is Not Acceptable) 3350 SW 148th Ave	
Suite Suite 110	
City Miramar	FL Zip Code 33027

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 of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS			
TITLE V	NAME Jorge H. Best	TITLE	NAME
STREET ADDRESS 2217 Ivan St., Apt 907	CITY - ST - ZIP Dallas, TX 75201	STREET ADDRESS	CITY - ST - ZIP
TITLE S	NAME Benigno Lopez	TITLE	NAME
STREET ADDRESS 5002 Audley Lane	CITY - ST - ZIP Norcross, GA 30092	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	TITLE	NAME
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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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/04

954-874-1680