


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # J77460**

1. Entity Name  
**TJ SOFTWARE, INC.**



Principal Place of Business <b>1580 71 ST          MIAMI BEACH, FL 33141 US</b>	Mailing Address <b>PO BOX 15150          PENSACOLA, FL 32514 US</b>
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**DO NOT WRITE IN THIS SPACE**



03302005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2815199</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LOPESILVERO, TRUDY  
 1580-71 STREET  
 MIAMI BCH, FL 33141**

**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: *Trudy Lopez Silvero, President* **TRUDY LOPESILVERO, President** 4-4-05  
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, 2005 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	D LOPESILVERO, JOSEPH 1580-71 STREET MIAMI BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPESILVERO, TRUDY 1580-71 STREET MIAMI BCH, FL
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**DO NOT WRITE IN THIS SPACE**

1100000288592  
 04/05/05-90016-003 150.00

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: *Trudy Lopez Silvero, President* **TRUDY LOPESILVERO** 04-04-05 888-568-8592  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #