



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K32358</b>		
1. Entity Name SOFTWARE BROKERS OF AMERICA, INC.		

Principal Place of Business	Mailing Address
9835 NW 14TH ST MIAMI, FL 33172 US	9835 NW 14TH ST MIAMI, FL 33172 US

DO NOT WRITE IN THIS SPACE

	
01112005 No Chg-P	CR2E034 (10/03)
4. FEI Number 65-0083438	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent	
SHALOM, ESTHER 333 GOLDEN BEACH DR GOLDEN BCH, FL 33160	

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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 \_\_\_\_\_

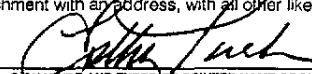
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	SHALOM, ANTHONY
STREET ADDRESS	333 GOLDEN BCH DR
CITY-ST-ZIP	GOLDEN BCH, FL 33160
TITLE	V
NAME	SHALOM, ISAAC
STREET ADDRESS	333 GOLDEN BCH DR
CITY-ST-ZIP	GOLDEN BCH, FL 33160
TITLE	STD
NAME	SHALOM, ESTHER
STREET ADDRESS	333 GOLDEN BCH DR
CITY-ST-ZIP	GOLDEN BCH, FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:**  **ESTHER SHALOM** **3/23/2005** **305-477-6230**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #