


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90027 050 ***150.00

| | |
|--|---|
| DOCUMENT # P00000003146 |  |
| 1. Entity Name CL SOFTWARE, INC. | |

| | |
|---|---|
| Principal Place of Business CLIENT SITES 6278 N FEDERAL HWY SUITE 326 FORT LAUDERDALE, FL 33308 | Mailing Address 6278 N. FEDERAL HWY SUITE 326 FORT LAUDERDALE, FL 33308 |
|---|---|

24012351



| | |
|---|---|
| 2. Principal Place of Business CLIENT SITES | 3. Mailing Address 265 S. FEDERAL HWY |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. # 153 |
| City & State | City & State DEERFIELD BEACH FL |
| Zip | Country |
| 33441 | BROWARD |

02112004 Chg-P CR2E034 (10/03)

| | |
|---|--|
| 4. FEI Number 65-0973311 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent HATCH, IRA C ESQ 1701 HWY. A1A, STE. 220 VERO BEACH, FL 32963 | |
| 7. Name and Address of New Registered Agent | |
| Name DENNIS CZARK | |
| Street Address (P.O. Box Number is Not Acceptable) 2742 SE 11 ST | |
| City POMPANO | Zip Code FL 33062 |

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 *Dennis Czark*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **2/14/04**

**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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PT CZARK, DENNIS 89 ISLAND DR SOUTH OCEAN RIDGE, FL 33435 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2742 SE 11 ST POMPANO FL 33062 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPS LEACH-CZARK, KIMBERLY A 89 ISLAND DR SOUTH OCEAN RIDGE, FL 33435 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition KIMBERLY LEACH 2742 SE 11 ST POMPANO FL 33062 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:

Dennis Czark
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/04
Date

Daytime Phone #