

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000017753

Entity Name: E-BIZSOFT.COM, INC.

FILED
Jul 10, 2008
Secretary of State

Current Principal Place of Business:

6941 SW 196TH AVE
PEMBROKE PINES, FL 33332

New Principal Place of Business:

Current Mailing Address:

6941 SW 196TH AVE
SUITE 32
PEMBROKE PINES, FL 33332

New Mailing Address:

FEI Number: 65-0987168

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AHMED, ARIF
6941 SW 196TH AVE
SUITE 32
PEMBROKE PINES, FL 33332 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: AHMED, ARIF
Address: 20197 NW 10TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D () Delete
Name: AHMED, SADAF
Address: 20197 NW 10TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARIF AHMED

CEO

07/10/2008

Electronic Signature of Signing Officer or Director

Date