

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90023 019 ***150.00

DOCUMENT # P00000020036

1. Entity Name
SOFTWARE S.P.I., INC.



Principal Place of Business

12665 NW 8 TRAIL
MIAMI, FL 33182

Mailing Address

12665 NW 8 TRAIL
MIAMI, FL 33182

2. Principal Place of Business

1068 NW 123 COURT

3. Mailing Address

1068 NW 123 COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33182

Country

Zip

33182

Country

03132004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0984776

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOZANO, OLIVERIO

12665 NW 8 TRAIL
MIAMI, FL 33182

7. Name and Address of New Registered Agent

Name

LOZANO OLIVERIO

Street Address (P.O. Box Number is Not Acceptable)

1068 NW 123 COURT

City

MIAMI

FL

Zip Code

33182

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 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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LOZANO, OLIVERIO
STREET ADDRESS 12665 NW 8 TRAIL
CITY-ST-ZIP MIAMI, FL 33182

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME LOZANO OLIVERIO
STREET ADDRESS 1068 NW 123 COURT
CITY-ST-ZIP MIAMI, FL 33182

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #