

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000020036

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



Principal Place of Business
1068 NW 123 COURT
MIAMI, FL 33182

Mailing Address
1068 NW 123 COURT
MIAMI, FL 33182

DO NOT WRITE IN THIS SPACE

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04052005 No 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
1068 NW 123 COURT
MIAMI, FL 33182

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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 _____

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

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04/25/05-80131-009 150.00

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IN THIS SPACE**

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

04/05/05

Date

Daytime Phone # _____