

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

04-09-2004 90024050 ****61.25
P00000047560

DOCUMENT # P00000047560 1. Entity Name SOFTWARE MAS, INC.				 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 04 APR 19 AM 8:00 94047951 	
Principal Place of Business 7220 NW 36TH STREET, STE 535 MIAMI, FL 33169		Mailing Address 4708 SW 67TH AVE, STE L3 MIAMI, FL 33155			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-1021232		Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MONTOYA, CLARA INES 4708 SW 67TH AVE, STE L3 MIAMI, FL 33155			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State FL Zip Code		
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 renewing)					
Amended AR is \$81.25		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-STATE-ZIP	P MONTOYA, CLARA INES 4708 SW 67TH AVE, STE L3 MIAMI, FL 33155	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V, S, D MONTOYA, CLARA INES 4708 SW 67TH AVE, STE L-3 MIAMI, FL 33155	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D MONTOYA, CLARA 4708 SW 67TH AVE, STE L3 MIAMI, FL 33155	☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P, T, D JOAN CARON 4708 SW 67TH AVE, STE L-3 MIAMI, FL 33155	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V CARON, JOAN D 4708 SW 67TH AVE, #L3 MIAMI, FL 33155	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S CARON, JOAN D 4708 SW 67TH AVE, STE L3 MIAMI, FL 33155	☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T CARON, JOAN D 4708 SW 67TH AVE, STE L3 MIAMI, FL 33155	☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S CARON, JOAN D 4708 SW 67TH AVE MIAMI, FL 33155	☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-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: _____ 3/31/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					