

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90317 020 ***150.00

DOCUMENT # P00000068011

1. Entity Name
SALIENT SOFTWARE SOLUTIONS, INC.



Principal Place of Business
**11701 NW 24TH ST.
FT. LAUDERDALE, FL 33323**

Mailing Address
**11701 NW 24TH ST.
FT. LAUDERDALE, FL 33323**

50037281



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03102005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-1029532

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CULLEN, KATHERINE D
11701 NW 24TH ST.
FT. LAUDERDALE, FL 33323**

Name

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

City

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 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
NAME CROUCHER, GARY J
STREET ADDRESS 1658 NE 36TH ST.
CITY-ST-ZIP FT. LAUDERDALE, FL 33334

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CULLEN, KATHERINE D
STREET ADDRESS 11701 NW 24TH ST.
CITY-ST-ZIP FT. LAUDERDALE, FL 33323

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME FONG, PAUL Y
STREET ADDRESS 4083 NW 19TH TERR.
CITY-ST-ZIP FT. LAUDERDALE, FL 33309

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME GOLDFARB, BOB
STREET ADDRESS 5902 NW 53RD MANOR
CITY-ST-ZIP CORAL SPRINGS, FL 33067

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME LAW, DONNIE B
STREET ADDRESS 7730 NW 11TH PL.
CITY-ST-ZIP PLANTATION, FL 33322

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Katherine D. Cullen Katherine D. Cullen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/05

Date

(954) 476-0571

Daytime Phone #