

FILED
Jan 24, 2007 08:00 AM
Secretary of State

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P00000101105
 1. Entity Name
 EXTEND PILOT SOFTWARE, INC.



Principal Place of Business 2600 DOUGLAS RD PH 6 CORAL GABLES, FL 33134	Mailing Address 2600 DOUGLAS RD PH 6 CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE

01092007 No Chg-P CR20034 (11/05)

4. PEI Number 65-1054455	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PADIAL, JOSE I
 2800 DOUGLAS RD PH 6
 CORAL GABLES, FL 33134

DO NOT WRITE
 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 _____ DATE _____

By whom, typed or printed name of registered agent and the filer(s). NOTE: Registered agent's signature required when substituting.

FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$220.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARQUES, RICARDO A 245 SE 1 ST MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DE ARAUJO, PAULO H 245 SE 1 ST MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIRANDA, ROBERTO 245 SE 1 ST. MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/25/07-80052-028 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exceptions contained in Chapter 119, Florida Statutes. I further certify that the information disclosed 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 127, 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 filers empowered.

SIGNATURE: X Paulo H de Araujo _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR