04/13/2004 06:27 7275815305 PINELLAS TA

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State
04-23-2004 90229 020 ***150.00

DOCUMENT # P00000111522

1. Entity Name
TECHNOSOFT US, INC.

Principal Place of Business	Mailing Address
1136 RIVEREDGE DRIVE TARPON SPRINGS, FL 34689	1136 RIVEREDGE DRIVE TARPON SPRINGS, FL 34689

DO NOT WRITE IN THIS SPACE

04132004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3704811
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VAN WINKLE, SHARON D
1136 RIVEREDGE DRIVE
TARPON SPRINGS, FL 34689

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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: Sharon D. Van Winkle Sharon D. Van Winkle 4/20/04
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mandatory) 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	D
NAME	VAN WINKLE, SHARON D
STREET ADDRESS	1136 RIVEREDGE DRIVE
CITY ST ZIP	TARPON SPRINGS, FL 34689
TITLE	D
NAME	KREINDLER, LIVIU
STREET ADDRESS	AL. TIMISUL DE SUS NO. 1 BL. D 16 SCA AP7
CITY ST ZIP	BUCHAREST, ROMANIA
TITLE	D
NAME	MEIER, MARCO
STREET ADDRESS	VIA ALDESAGO 1 6977 RUVIGLIANO
CITY-ST ZIP	SWITZERLAND;
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Sharon D. Van Winkle Sharon D. Van Winkle 4/20/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

727.939.8593