


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2005 8:00 am
Secretary of State

03-22-2005 90013 014 ***158.75

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| DOCUMENT # P01000016379 |  |
| 1. Entity Name BITSTREAM, INCORPORATED | |

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| Principal Place of Business 2500 NW 79 AVE. STE. 207 MIAMI, FL 33132 | Mailing Address 2500 NW 79 AVE. STE. 207 MIAMI, FL 33132 |
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| 2. Principal Place of Business 4995 NW 72nd Ave | 3. Mailing Address 4995 NW 72nd Ave |
| Suite, Apt. #, etc. Ste 307 | Suite, Apt. #, etc. Ste 307 |
| City & State Miami, Florida | City & State Miami, Florida |
| Zip 33166-5643 | Country USA |



03032005 Chg-P CR2E034 (10/03)

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| 4. FEI Number 65-1080124 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent RODRIGUEZ, JORGE 3124 SW 98TH CT MIAMI, FL 33165 | | 7. Name and Address of New Registered Agent 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: *Jorge Rodriguez* DATE: 3-3-05

Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST RODRIGUEZ, JORGE J 3124 SW 98TH CT MIAMI, FL 33165 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *Jorge Rodriguez* DATE: 3-3-05 DAYTIME PHONE: 305-406-3822-EXT 10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR