


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90824 019 ***158.75

DOCUMENT # P01000016379		
1. Entity Name BITSTREAM, INCORPORATED		

Principal Place of Business 4995 NW 72ND AVE STE 307 MIAMI, FL 33166-5643	Mailing Address 4995 NW 72ND AVE STE 307 MIAMI, FL 33166-5643
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address <u>717 Ponce de Leon Blvd</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <u>301</u>	
City & State		City & State <u>Coral Gables, FL</u>	
Zip	Country	Zip <u>33134</u>	Country <u>USA</u>

40092358



04262007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent RODRIGUEZ, JORGE 3424 SW 98TH CT MIAMI, FL 33185		7. Name and Address of New Registered Agent Name <u>Jorge Rodriguez</u> Street Address (P.O. Box Number is Not Acceptable) <u>6580 Indian Creek Drive Apt 302</u> City <u>miami beach</u> FL Zip Code <u>33141</u>	
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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 Jorge Rodriguez (NOTE: Registered Agent signature required when reinstating) DATE 4/27/07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 <input checked="" type="checkbox"/> Delete 3424 SW 98TH CT MIAMI, FL 33185	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition RODRIGUEZ, Jorge 6580 Indian Creek Drive Apt 302 miami, Beach FL 33141
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
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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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
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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 4/27/07