

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 26, 2004 8:00 am**  
**Secretary of State**

08-26-2004 90003 016 \*\*\*150.00

|   |   |   |  |  |  |
|---|---|---|--|--|--|
| <b>DOCUMENT # P01000055885</b><br>1. Entity Name<br><b>MS MIAMI INTERNATIONAL SOFTWARE, INC.</b>  |   |   |  |  |  |
| Principal Place of Business<br><b>1440 JFK CSWY, STE 420</b><br><b>MIAMI BEACH, FL 33141</b>  |   |   | Mailing Address<br><b>1440 JFK CSWY, STE 420</b><br><b>MIAMI BEACH, FL 33141</b> |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |   |   | 3. Mailing Address<br>Suite, Apt. #, etc.  |  |  |
| City & State  |   |   | City & State   |  |  |
| Zip   |   | Country   |  | Zip  |  |
| Country   |   | Country   |  | 4. FEI Number<br><b>65-1114219</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |   |   |  | Applied For<br>Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><b>SUTTER, JOHN V</b><br><b>7601 EAST TREASURE DRIVE PH 202</b><br><b>MIAMI BEACH, FL 33141</b>  |   |   |  | 7. Name and Address of New Registered Agent<br>Name <b>SUTTER, JOHN V</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>5600 COLLINS AVE APT 7Y</b><br>City <b>MIAMI BEACH</b> FL <b>33140</b> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |   |   |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>Due by September 8, 2004</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |  | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.   |  |
| 10. OFFICERS AND DIRECTORS  |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                            |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br><b>SUTTER, JOHN V</b><br><b>7601 EAST TREASURE DR PH 202</b><br><b>MIAMI, FL 33141</b> | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | D.<br><b>SUTTER JOHN V</b><br><b>5600 COLLINS AVE APT 7Y</b><br><b>MIAMI BEACH, FL 33140</b>   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 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: _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |   | Date <b>8/23/04</b> (305) <b>861-3881</b><br><small>Daytime Phone #</small>      |  |  |



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

August 12, 2004

MS MIAMI INTERNATIONAL SOFTWARE, INC.  
1440 JOHN F. KENNEDY CSWY  
SUITE 420  
MIAMI BEACH, FL 33141

SUBJECT: MS MIAMI INTERNATIONAL SOFTWARE, INC.  
Ref. Number: P01000055885

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner  
Senior Section Administrator

Letter Number: 104A00050012