

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000104112**

1. Entity Name  
**ERGOSOFT, INC.**



Principal Place of Business  
**15403 SW 142ND AVENUE  
MIAMI, FL 33177 US**

Mailing Address  
**15403 SW 142ND AVENUE  
MIAMI, FL 33177 US**



04262004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1156323**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LOOMOS, JOHN G  
14260 SW 153RD PLACE  
MIAMI, FL 33196**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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**

**U000000152728  
05/04/04-80099-001 169.75**

**10. OFFICERS AND DIRECTORS**

TITLE	PS
NAME	LOOMOS, MELANIE D
STREET ADDRESS	15403 SW 142 AVENUE
CITY- ST- ZIP	MIAMI, FL 33177
TITLE	T
NAME	LOOMOS, JOHN G
STREET ADDRESS	14260 SW 153RD PLACE
CITY- ST- ZIP	MIAMI, FL 33196
TITLE	AT
NAME	STANJOVIE, BORIS
STREET ADDRESS	631 JEFFERSON AVENUE #503
CITY- ST- ZIP	MIAMI BEACH, FL 33139
TITLE	AS
NAME	ACHI, GEORGE
STREET ADDRESS	1925 BRICKELL AVENUE D-1213
CITY- ST- ZIP	MIAMI, FL 33129
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Melanie Loomos* **Melanie Loomos** **4-27-04** **305-238-0038**  
**866-843-2888**