

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90196 041 \*\*\*163.75

DOCUMENT # P01000104112

1. Entity Name

Ergosoft, Inc.



**DO NOT WRITE IN THIS SPACE**

90090058

2. Principal Place of Business

15403 SW 142 Ave.

Suite, Apt. #, etc.

3. Mailing Address

15403 S.W. 142 Ave.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-1156323

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

John G. Loomos

Street Address (P.O. Box Number is Not Acceptable)

14260 SW 153rd Place

City

Miami

FL

Zip Code

33196

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

John G. Loomos

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

(NOTE: Registered Agent signature required when reinstating)

4/15/2003

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

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\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President/Secretary
NAME	Melanie Loomos
STREET ADDRESS	15403 SW 142nd Ave.
CITY-ST-ZIP	Miami, FL 33177
TITLE	Vice President
NAME	Darren Salinger
STREET ADDRESS	15403 S.W. 142nd Ave.
CITY-ST-ZIP	Miami, FL 33177
TITLE	Treasurer
NAME	John G. Loomos
STREET ADDRESS	14260 SW 153rd Place
CITY-ST-ZIP	Miami, Florida 33196
TITLE	Assistant Treasurer
NAME	Boris Stojanovic
STREET ADDRESS	631 Jefferson Ave, Apt. 504
CITY-ST-ZIP	Miami Beach, FL 33139
TITLE	Assistant Secretary
NAME	George Achi
STREET ADDRESS	1925 Brickell Ave, # 1213
CITY-ST-ZIP	Miami, FL 33129
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Melanie Loomos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-03

Date

866-843-2888

Daytime Phone #

CR2ED34B (12/02)