


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90410 031 ***150.00

DOCUMENT # P01000110357	
1. Entity Name SOFTNET LOGICAL, INC.	

Principal Place of Business 4584 N HIATUS RD SUNRISE, FL 33351	Mailing Address 4584 N HIATUS RD SUNRISE, FL 33351
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40087770



2. Principal Place of Business - No P.O. Box # 5219 HIATUS RD	3. Mailing Address 5219 HIATUS RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04242008 Chg-P CR2E034 (12/06)

City & State SUNRISE FLORIDA	City & State SUNRISE FL
Zip 33351	Country US
Zip 33351	Country US

4. FEI Number 26-0030170	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
EYZAGUIRRE, JAIME XXXXXXXXXX 5219 HIATUS RD SUNRISE, FL 33351	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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 _____	DATE _____
<small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when terminating)</small>	

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP LORENZO, CARLOS <input type="checkbox"/> Delete 4584 N HIATUS RD SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT EYZAGUIRRE, JAIME <input type="checkbox"/> Delete 4584 N HIATUS RD SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO BIGLIA, MALIZA <input type="checkbox"/> Delete 4584 N HIATUS RD SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO BLAIOTA, SILVINA <input type="checkbox"/> Delete 4584 N HIATUS RD SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5219 HIATUS RD
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5219 HIATUS RD
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5219 HIATUS RD
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5219 HIATUS RD
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"/> 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: 	JAIME EYZAGUIRRE DT	4-24-08	954-634-7000
<small>SIGNATURE AND EXPEDIENT NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>