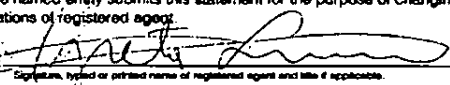
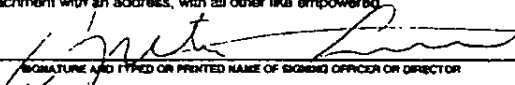


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2006 8:00 am
Secretary of State

07-17-2006 90139 025 ***158.75

DOCUMENT # P02000008813 1. Entity Name SOFTMARK INTERNATIONAL, INC.					
Principal Place of Business 2160 SW 14TH CT FT LAUDERDALE, FL 33312			Mailing Address 2160 SW 14TH CT FT LAUDERDALE, FL 33312		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
6. Name and Address of Current Registered Agent LAVINI, GRETA 2160 SW 14TH CT FT LAUDERDALE, FL 33312				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 Due by September 8, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LAVINI, GRETA 2160 SW 14TH CT FT LAUDERDALE, FL 33312	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LAVINI, CESAR 2160 SW 14TH CT FT LAUDERDALE, FL 33312	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	☐ Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 7/10/06 Daytime Phone: 954-8022976					

66022826



07102006 Chg-P CR2E034 (11/05)

4. FEI Number
APPLIED FOR 412033445

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

FL Zip Code