## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000026361

Entity Name: AVSOFT INC

City-St-Zip:

FILED Jan 30, 2004 Secretary of State

Littly Na	me. Avsort	INC.			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
1129 ROYAL PALM BEACH BLVD					
#019 ROYAL PA	ALM BEACH, F	L 334111641			
Current Mailing Address:			New Mailing Address:		
1129 ROYAL PALM BEACH BLVD					
#019 ROYAL PALM BEACH, FL 334111641					
FEI Number: 46-0469006		FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
BERENFE 9655 S DIX	R, MICHAEL ELD, SPRITZEF XIE HWY 3RD 33156 US	R, SHECHTER AND SHEER FLR			
The above in the State	e named entity s e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE:				
	Electror	ic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	FULLER, TIMO MYSON HOUSI	Delete THY J E RAILWAY TERRACE RUGBY, RE ENGLAND, CV21-3HL	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MURRAY, AND MYSON HOUSI	Delete REW C E RAILWAY TERRACE RUGBY, RE ENGLAND, CV21 3HL	Title: ( Name: Address: City-St-Zip:	( ) Change()Addition	
Title: Name: Address:	LONGSON, ST	Delete EPHEN C ALM BEACH BLVD #019	Title: Name: Address:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: STEPHEN LONGSON VP 01/30/2004

ROYAL PALM BEACH, FL 334111641