


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90213 001 ***150.00

DOCUMENT # P03000004452 1. Entity Name MICROSORT FLORIDA, INC.					
Principal Place of Business 777 BRICKELL AVENUE, SUITE 780 MIAMI, FL 33131			Mailing Address 777 BRICKELL AVENUE, SUITE 780 MIAMI, FL 33131		
2. Principal Place of Business 515 E. Las Olas Blvd. XXXX Suite, Apt. #, etc. 4th Floor		3. Mailing Address 515 E. Las Olas Blvd. Suite, Apt. #, etc. 4th Floor			
City & State Fort Lauderdale, FL		City & State Fort Lauderdale, FL		4. FEI Number 04282004 Chg-P CR2E034 (10/03)	
Zip 33301		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BERGMAN, RICHARD H 777 BRICKELL AVENUE, SUITE 780 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Richard H. Bergman Street Address (P.O. Box Number is Not Acceptable) 515 E. Las Olas Blvd., 4th Floor City Fort Lauderdale, FL Zip Code 33301		
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 04/28/04	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERGMAN, RICHARD H 777 BRICKELL AVENUE, SUITE 780 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bergman, RICHARD H. 515 E. Las Olas Blvd., 4th Floor Fort Lauderdale, FL 33301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: _____			DATE 04/28/04 (954) 765-7551		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		