

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90069 020 \*\*\*150.00

**DOCUMENT # P03000053816**

1. Entity Name  
**MISTER SOFTEE DISTRIBUTOR OF SOUTH FLORIDA,  
INC.**



Principal Place of Business

~~14540 NW 10TH AVE  
MIAMI, FL 33168~~

Mailing Address

~~14540 NW 10TH AVE  
MIAMI, FL 33168~~

**20350 W. Country CL Dr. #111  
Aventura, FL. 33180**



03072006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**65-1197897**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ROSALES, ENRIQUE A**  
~~14540 NW 10TH AVE  
MIAMI, FL 33168~~

New address:

**20350 W. Country CL Dr  
#111  
Aventura, FL. 33180**

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IN THIS SPACE**

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  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROSALES, ENRIQUE A
STREET ADDRESS	<del>14540 NW 10TH AVE</del> <b>20350 W. Country CL</b>
CITY - ST - ZIP	<del>MIAMI, FL 33168</del> <b>Dr #111 Aventura, FL 33180</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

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:

**Enrique A Rosales** **Enrique A Rosales** **4/8/06** **305-720 1436**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #