

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 AUG 13 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04/30/04 90242 004 150⁰⁰



08122004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000058684	
1. Entity Name CHECKSOFT TECHNOLOGIES INC.	



Principal Place of Business 13720 SW 109 STREET MIAMI, FL 33186	Mailing Address 13720 SW 109 STREET MIAMI, FL 33186
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent ESPINEL, JAVIER 13720 SW 109 STREET MIAMI, FL 33186		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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: _____ **08-12-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

WE SUBMITTED TO YOUR OFFICE ON THE MONTH OF MAY OUR ANNUAL REPORT PAYMENT. AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND A COPY OF CHECK ALREADY PAID WITH THE ANNUAL REPORT FORM TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

FOR ANY REASON WE NEVER RECEIVED THE REJECTED LETTER OF OUR ANNUAL REPORT FORM FOR THE YEAR OF 2004

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,



JAVIER ESPINEL
PRESIDENT