2005 FOR PROFIT CORPORATION ANNUAL REPORT

Zip Country Zip Country S. Certificate of Status Desired S8.75 Address of Status Desired S8.75 Address of Status Desired S8.75 Address of New Registered Agent 7. Name and Address of New Registered Agent Name 13720 SW 109 STREET MIAMI, FL 33186 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) B. 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 the obligations of registered agent. SIGNATURE Survival Number is Not Acceptable) FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing S5.00 May Be Added to Fees TITLE NAME ESPINEL, JAVIER SITER ADDRESS OITY-ST-ZIP SITER ADDRESS OITY-ST-ZIP SITER ADDRESS OITY-ST-ZIP SITER ADDRESS OITY-ST-ZIP OD OITY-ST-ZIP ORDERS OITY-ST-ZIP	DOCUMENT # P03000058684 1. Entity Name CHECKSOFT TECHNOLOGIES INC.					05 MAY -2 AN 10: 52				
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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 the obligations of registered agent. SIGNATURE Spranue, hope or printer name of registered agent and the its population. FILE NOWII: FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTEE NAME ESPINEL, JAVIER STREET ADDRESS CITY-ST-2IP ITILE MAKE STREET ADDRESS CITY-ST-2IP ITILE MAKE STREET ADDRESS CITY-ST-2IP ITILE MAKE STREET ADDRESS CITY-ST-2IP ITILE MAKE STREET ADDRESS CITY-ST-2IP ITILE MAKE STREET ADDRESS CITY-ST-2IP ITILE MAKE STREET ADDRESS CITY-ST-2IP ITILE MAKE STREET ADDRESS CITY-ST-2IP ITILE MAKE STREET ADDRESS CITY-ST-2IP ITILE MAKE STREET ADDRESS CITY-ST-2IP ITILE MAKE STREET ADDRESS CITY-ST-2IP ITILE MAKE STREET ADDRESS CITY-ST-2IP ITILE MAKE STREET ADDRESS CITY-ST-2IP ITILE MAKE STREET ADDRESS CITY-ST-2IP ITILE MAKE STREET ADDRESS CITY-ST-2IP ITILE MAKE STREET ADDRESS CITY-ST-2IP ITILE MAKE STREET ADDRESS CITY-ST-2IP ITILE MAKE STREET ADDRESS CITY-ST-2IP ITILE MAKE STREET ADDRESS CITY-ST-2IP ITILE MAKE STREET ADDRESS CITY-ST-2IP ITILE MAKE STREET ADDRESS CITY-ST-2IP ITILE MAKE STREET ADDRESS CITY-ST-2IP ITILE MAKE STREET ADDRESS CITY-ST-2IP ITILE MAKE STREET ADDRESS CITY-ST-2IP ITILE MAKE STREET ADDRESS CITY-ST-2IP ITILE MAKE STREET ADDRESS CITY-ST-2IP ITILE MAKE STREET ADDRESS CITY-ST-2IP ITILE MAKE STREET ADDRESS CITY-ST-2IP ITILE MAKE STREET ADDRESS CITY-ST-2IP ITILE MAKE STREET ADDRESS CITY-ST-2IP ITILE MAKE STREET ADDRESS CITY-ST-2IP ITILE MAKE STREET ADDRESS CITY-ST-2IP ITILE MAKE STREET ADDRESS CITY-ST-2IP ITILE MAKE STREET ADDRESS CITY-ST-2IP ITILE MAKE STREET ADDRESS CITY-ST-2IP ITILE MAKE STREET ADDRESS CITY-ST-2IP ITILE MAKE STREET ADDRESS CITY-ST-2IP ITILE MAKE STREET ADDRESS CITY-ST-2IP ITILE MAKE STREET ADDRESS CITY-ST-2IP ITILE MAKE STREET ADDRESS CITY-ST-2IP ITILE MAKE STREET ADDRES		Street Address (P.O. Box Number is Not Acceptable)								
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. SIGNATURE Signature, hope or private name of registered agent and the it applicable. (hOTE Registered Agent appliance required when refractable) DATE	MIAMI, FL 331	186								
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12. I hereby certify that the information supplied with the filling 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 do the corporation or the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Blochanged, or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE: Date Date Date Dayline Phone **		RE:				Section 119.07(3 e same legal effe 07, Florida Statul	(i), Florida Statutes tot as if made under tes; and that my na	5		nformation or director r Block 11 if