## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED DOCUMENT # P03000058684 1. Entity Name CHECKSOFT TECHNOLOGIES INC. 06 APR 18 AM 10:35 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 13720 SW 109 STREET 13720 SW 109 STREET MIAMI, FL 33186 MIAMI, FL 33186 No Chg-P 04142006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2758428 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **ESPINEL, JAVIER** DO NOT WRITE 13720 SW 109 STREET MIAMI, FL 33186 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 prin of egistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE ESPINEL, JAVIER STREET ADDRESS 13720 S.W. 109 STREET MIAMI, FL 33186 CITY-ST-ZIP 600072797916 TITLE n4/28/06--01028--028 \*\*600.00 STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS 12. I hereby certify that the information supplied with this filling 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: YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # ADD 1 Q 2006