2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000062373

1. Entity Name
SMART BUSINESS SOFTWARE, INC.

Principal Place of Business	Mailing Address
8600 NW 70TH STREET MIAMI, FL 33166	8600 NW 70TH STREET MIAMI, FL 33166

DO NOT WRITE IN THIS SPACE

05012005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
43-2017814	Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAHME, RICARDO L
8600 NW 70TH STREET
MIAMI, FL 33166

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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_____
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 **Due by September 7, 2005**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$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.

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	RAHME, RICARDO L
STREET ADDRESS	8600 NW 70TH STREET
CITY-ST-ZIP	MIAMI, FL 33166

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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: _____ RICARDO L RAHME 04.29.05 786-257.45
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #