

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2005 8:00 am**  
**Secretary of State**

03-01-2005 90080 006 \*\*\*150.00

**DOCUMENT # P04000052402**

1. Entity Name  
**NETSOFT CORPORATION**



Principal Place of Business  
**7501 E TREASURE DR #3-P  
N BAY VILLAGE, FL 33141**

Mailing Address  
**7501 E TREASURE DR #3-P  
N BAY VILLAGE, FL 33141**

**20016845**



2. Principal Place of Business  
**10710 NW 66TH ST**

3. Mailing Address  
**10710 NW 66TH ST**

Suite, Apt. #, etc.  
**106**

Suite, Apt. #, etc.  
**106**

02252005 Chg-P CR2E034 (10/03)

City & State  
**DORAL, FL**

City & State  
**DORAL, FL**

4. FEI Number  
**20-0911530**

Applied For  
Not Applicable

Zip  
**33178**

Country  
**USA**

Zip  
**33178**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**FONSECA, CARLOS  
7501 E TREASURE DR #3-P  
N BAY VILLAGE, FL 33141**

**7. Name and Address of New Registered Agent**

Name  
**CARLOS FONSECA**

Street Address (P.O. Box Number is Not Acceptable)

**10710 NW 66TH ST SUITE 106**

City  
**DORAL**

FL

Zip Code  
**33178**

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, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

**2/25/05**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
**DIRECTOR** ☐ Delete  
NAME  
**CARLOS FONSECA**  
STREET ADDRESS  
**10710 NW 66TH ST STE 106**  
CITY-ST-ZIP  
**DORAL, FL 33178**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/25/05**

Date

**(305) 479-2951**

Daytime Phone #