2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2005 8:00 am
Secretary of State
04-28-2005 90184 012 ***150.00

DOCUMENT # P04000080288

1. Entity Name
E-SOFT TECH SOLUTIONS, INC

Principal Place of Business	Mailing Address
20 N. ORANGE AVENUE 1420 ORLANDO, FL 32801 US	20 N. ORANGE AVENUE 1420 ORLANDO, FL 32801 US

04252005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
6439 MILNER BLVD	6439 MILNER BLVD
Suite, Apt. #, etc. #4	Suite, Apt. #, etc. #4
City & State ORLANDO	City & State ORLANDO
Zip 32809 Country	Zip 32809 Country

4. FEI Number 20-1149063 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LARSON, CAROLINE 1510 E COLONIAL DR 307 ORLANDO, FL 32803	Name GOMES, ALEXANDRE Street Address (P.O. Box Number is Not Acceptable) 6439 MILNER BLVD. SUITE #4 City ORLANDO FL Zip Code 32809

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 _____ 04-25-05
Signature of new registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P GOMES, ALEXANDRE 2037 BASIL DR ORLANDO, FL 32837	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. GOMES, ALEXANDRE 8203 TIMUCUA OR ORLANDO FL 32837	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PEREIRA NETO, MARCIA A 316 CRISAN CT ORLANDO, FL 32824	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T SOBRINHO NETO, JOSE BERNANDES 316 CRISAN CT ORLANDO, FL 32824	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 04-25-05
Electronic Signature of Signing Officer or Director Printed or Typed Name of Signing Officer or Director Date Daytime Phone #