

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90004 021 ***150.00

DOCUMENT # P05000023558

1. Entity Name
SIMSOFT INC.



Principal Place of Business
3407 BELLE SHADOW LANE
TAMPA, FL 33634

Mailing Address
3407 BELLE SHADOW LANE
TAMPA, FL 33634

2. Principal Place of Business
3118 RIVER COVE DR. -> SAME

3. Mailing Address
Suite, Apt. #, etc.



01132006 Chg-P CR2E034 (11/05)

City & State
TAMPA FL
Zip
33614

City & State
Zip
Country

4. FEI Number
20-2334010

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SIMONIK, MICHAL
3407 BELLE SHADOW LANE
TAMPA, FL 33634

7. Name and Address of New Registered Agent

Name
SIMONIK MICHAL

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

3118 RIVER COVE DR.

City TAMPA FL Zip Code 33614

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]

REGIST. AGENT

04/04/06

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
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME SIMONIK, MICHAL ☐ Delete
STREET ADDRESS 3407 BELLE SHADOW LANE
CITY-ST-ZIP TAMPA, FL 33634

TITLE V
NAME SIMONIKOVA, JANA ☐ Delete
STREET ADDRESS 3407 BELLE SHADOW LANE
CITY-ST-ZIP TAMPA, FL 33634

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3118 RIVER COVE DR
CITY-ST-ZIP TAMPA, FL 33614

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3118 RIVER COVE DR
CITY-ST-ZIP TAMPA FL 33614

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
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 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: *[Signature]* MICHAL SIMONIK
PRES.

03/30/06

813-298-2790

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #