

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000133732

Entity Name: MERCHANDIZER SOFTWARE INC.

FILED  
Apr 30, 2008  
Secretary of State

## Current Principal Place of Business:

3155 NW 82 AVE STE 201  
MIAMI, FL 33122

## New Principal Place of Business:

1400 NW 96 AVENUE  
SUITE 110  
MIAMI, FL 33172

## Current Mailing Address:

3155 NW 82 AVE STE 201  
MIAMI, FL 33122

## New Mailing Address:

1400 NW 96 AVENUE  
SUITE 110  
MIAMI, FL 33172

FEI Number: 56-2550622

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STRATTON, DOUGLAS ESQ.  
407 LINCOLN RD STE 2A  
MIAMI BCH, FL 33139 US

## Name and Address of New Registered Agent:

RAFALOWICZ, BORYS ESQ.  
1400 NW 96 AVENUE  
SUITE 110  
MIAMI, FL 33172 US

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.

SIGNATURE: BORYS RAFALOWICZ

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: RAFALOWICZ, BORYS  
Address: 3155 NW 82 AVE STE 201  
City-St-Zip: MIAMI, FL 33122

Title: D ( ) Delete  
Name: NISHIWAKI, NICK  
Address: 3155 NW 82 AVE STE 201  
City-St-Zip: MIAMI, FL 33122

Title: D (X) Delete  
Name: DAVID, LANGLE  
Address: 3155 NW 82 AVE STE 201  
City-St-Zip: MIAMI, FL 33122

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: RAFALOWICZ, BORYS  
Address: 1400 NW 96 AVENUE  
City-St-Zip: MIAMI, FL 33172

Title: D (X) Change ( ) Addition  
Name: NISHIWAKI, NICK  
Address: 21150 POINT PLACE #205  
City-St-Zip: AVENTURA, FL 33180

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BORYS RAFALOWICZ

D

04/30/2008

Electronic Signature of Signing Officer or Director

Date