


2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2012 JUN 20 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P11000101104 1. Entity Name ERX SOFTWARE SOLUTIONS, INC.					
Principal Place of Business 19025 NW 14TH ROAD MIAMI, FL 33169			Mailing Address 19025 NW 14TH ROAD MIAMI, FL 33169		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADDISON, LESLIE 19025 NW 14TH ROAD MIAMI, FL 33169				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
ADDISON, LESLIE 19025 NW 14TH ROAD MIAMI, FL 33169				FL Zip Code	
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 <u>Leslie Addison</u>		<u>Leslie Addison, President</u>		<u>4/23/2012</u>	
FILE NOW!!! FEE IS \$550.00 Due by September 28, 2012		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D ADDISON, LESLIE 19025 NW 14TH ROAD MIAMI, FL 33169	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	200236621982 06/20/12--01003--006 *\$150.00	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	JUN 20 2012 S. TONER	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Leslie Addison</u>		<u>4/23/2012</u>		<u>laddison16@yahoo.com</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE		E-MAIL ADDRESS	