


# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

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

|  |   |   |   |  |  |
|--|---|---|---|--|--|
| <b>DOCUMENT # P11000101104</b><br>1. Entity Name<br>ERX SOFTWARE SOLUTIONS, INC.   |   |   |   |   |  |
| Principal Place of Business<br>19025 NW 14TH ROAD<br>MIAMI, FL 33169   |   |   | Mailing Address<br>19025 NW 14TH ROAD<br>MIAMI, FL 33169          |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.   |   |  |  |
| City & State   |   | City & State  |   | 4. FEI Number<br>Applied For<br>Not Applicable   |  |
| Zip  | Country   | Zip   | Country   | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><br>ADDISON, LESLIE<br>19025 NW 14TH ROAD<br>MIAMI, FL 33169  |   |   |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <span style="float: right;">FL</span> 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><br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |   | <u>Leslie Addison, President</u><br><small>(NOTE: Registered Agent signature required when reinstating)</small> |   | <u>4/23/2012</u><br><small>DATE</small>  |  |
| <b>FILE NOW!!! FEE IS \$550.00<br/>Due by September 28, 2012</b>   |   | 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<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | D<br>ADDISON, LESLIE<br>19025 NW 14TH ROAD<br>MIAMI, FL 33169 | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>200236621982<br>06/20/12--01003--006 ***150.00  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | <input type="checkbox"/> Delete                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | <input type="checkbox"/> Delete                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | <input type="checkbox"/> Delete                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | JUN 20 2012<br>S. TONER                                       | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | <input type="checkbox"/> Delete                               | TITLE<br>NAME<br>STREET ADDRESS<br>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>  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   | <small>DATE</small>   |   | <small>E-MAIL ADDRESS</small>  |  |