

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P93000068819

1. Entity Name

THE SOFTWARE CONNECTION, INC.



Principal Place of Business

151 CRANDON BLVD  
#1222  
KEY BISCAVNE, FL 33149

Mailing Address

151 CRANDON BLVD  
#1222  
KEY BISCAVNE, FL 33149

**DO NOT WRITE IN THIS SPACE**



01132004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0439862

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

VALLS, NICOLAS  
151 CRANDON BLVD  
1222  
KEY BISCAVNE, FL 33149

**DO NOT WRITE  
IN THIS SPACE**

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, 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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
VALLS, NICOLAS  
151 CRANDON BLVD #1222  
KEY BISCAVNE, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

500026971135  
01/14/04--01067--004 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



## Division of Corporations

## Annual Report

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Document Number

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Business Entity Name

THE SOFTWARE CONNECTION, INC.

FEI Number

650439862

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired

☐ Yes ☒ No \$8.75 each

## Principal Place of Business

Address

151 CRANDON BLVD

Suite, Apt. #, etc.

#1222

City, State

KEY BISCAYNE

FL

Zip Code &amp; Country

33149

## Mailing Address

Address

151 CRANDON BLVD

Suite, Apt. #, etc.

#1222

City, State

KEY BISCAYNE

FL

Zip Code &amp; Country

33149

## Name And Address of Registered Agent

Name (Last, First, Middle, Title)

VALLS

NICOLAS

-or- RA Business Name

Address

151 CRANDON BLVD

Suite, Apt. #, etc.

1222

City, State

KEY BISCAYNE

FL

Zip Code &amp; Country

33149

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature



## Division of Corporations

## Annual Report

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Business Entity Name

THE SOFTWARE CONNECTION, INC.

Election Campaign Financing Trust Fund Contribution C Yes ☒ No

## Officer/Director Name And Address

Title	DP
Name (Last, First, Middle, Title)	VALLS NICOLAS
-or- Entity Name	
Street Address	151 CRANDON BLVD #1222
City, State	KEY BISCAYNE FL
Zip Code & Country	

Title	
Name (Last, First, Middle, Title)	
-or- Entity Name	
Street Address	
City, State	
Zip Code & Country	

Title	
Name (Last, First, Middle, Title)	
-or- Entity Name	
Street Address	
City, State	
Zip Code & Country	

Title	
Name (Last, First, Middle, Title)	
-or- Entity Name	
Street Address	

4064

City, State	<input type="text"/>	<input type="text"/>
Zip Code & Country	<input type="text"/>	<input type="text"/>
Title	<input type="text"/>	
Name (Last, First, Middle, Title)	<input type="text"/>	<input type="text"/>
-or- Entity Name	<input type="text"/>	
Street Address	<input type="text"/>	
City, State	<input type="text"/>	<input type="text"/>
Zip Code & Country	<input type="text"/>	<input type="text"/>
Title	<input type="text"/>	
Name (Last, First, Middle, Title)	<input type="text"/>	<input type="text"/>
-or- Entity Name	<input type="text"/>	
Street Address	<input type="text"/>	
City, State	<input type="text"/>	<input type="text"/>
Zip Code & Country	<input type="text"/>	<input type="text"/>

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

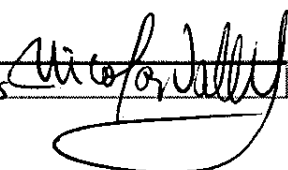
An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Pres.

Officer/Director Signature

NICOLAS VALLS



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