

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P93000072406

1. Entity Name

SMART SOFTWARE SOLUTION, INC.



FILED

Mar 09, 2007 08:00 A  
Secretary of State



Principal Place of Business  
3848 HERON RIDGE LANE  
WESTON FL 33331

Mailing Address

3848 HERON RIDGE LANE  
WESTON FL 33331

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  
65-0443648

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

## 6. Name and Address of Current Registered Agent

RUIZ, CAONABO E  
3848 HERON RIDGE LANE  
WESTON FL 33331

Name

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

City

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

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, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD  
NAME RUIZ, CAONABO E.  
STREET ADDRESS 3848 HERON RIDGE LANE  
CITY-ST-ZIP WESTON FL 33331

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000661257  Change  Addition  
03/20/07-80034-012 158.75

TITLE SVD  
NAME RUIZ, PURA  
STREET ADDRESS 3848 HERON RIDGE LANE  
CITY-ST-ZIP WESTON FL 33331

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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CITY-ST-ZIP

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Change  Addition

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CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 empowerments.

SIGNATURE:

*Mel Pura Ruiz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/07/07 954-3033923  
Daytime Phone #