


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 09, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000025845**

1. Entity Name  
 COMPUSOFT, INC.



Principal Place of Business: 400 N COMMODORE DR., #501 PLANTATION, FL 33325

Mailing Address: 400 N COMMODORE DR., #501 PLANTATION, FL 33325

**DO NOT WRITE IN THIS SPACE**



03072005 No Chg-P CR2E034 (10/03)

4. FEI Number: 65-0480331 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

D'ALBERT, JOSEPH L  
 400 N COMMODORE DR #501  
 PLANTATION, FL 33325

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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: Joseph D'Albert AGENT DATE: 3/7/05

Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	D'ALBERT, JOSEPH L
STREET ADDRESS	400 N COMMODORE DR #501
CITY - ST - ZIP	PLANTATION, FL 33325
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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**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)(f), 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: Joseph D'Albert PRESIDENT DATE: 3/7/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #