

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 12, 2004 8:00 am**  
**Secretary of State**

05-12-2004 90208 004 \*\*\*150.00

DOCUMENT # P95000089073

1. Entity Name

Softtek Consulting International Co.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3350 SW 148th Ave

3. Mailing Address

3350 SW 148th Ave

Suite, Apt. #, etc.  
Suite 110

Suite, Apt. #, etc.  
Suite 110

DO NOT WRITE IN THIS SPACE

City & State

Miramar, FL

City & State

Miramar, FL

4. FEI Number

65-0635353

Applied For

Not Applicable

Zip

33027

Country

Zip

33027

Country

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name Juan Carlos Salazar

Street Address (P.O. Box Number is Not Acceptable)  
3350 SW 148th Ave

Suite 110

City

Miramar

FL

Zip Code

33027

**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 of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE DS  
NAME Benigno Lopez  
STREET ADDRESS 5002 Audley Lane  
CITY - ST - ZIP Norcross, GA 30092

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE DP  
NAME Marcos Jimenez  
STREET ADDRESS 3350 SW 148th Ave  
CITY - ST - ZIP Miramar, FL 33027

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/04  
Date

954 8741650  
Daytime Phone #