

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

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90086 037 ***150.00

DOCUMENT # P95000089073

1. Entity Name
Softtek Consulting International Co.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
3350 SW 148th Ave		3350 SW 148th Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 110		Suite 110	
City & State		City & State	
Miramar, FL		Miramar, FL	
Zip	Country	Zip	Country
33027		33027	

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0635353	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Marcos Jimenez	
Street Address (P.O. Box Number is Not Acceptable) 3350 SW 148th Ave	
Suite Suite 110	
City Miramar	FL Zip Code 33027

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE DS	NAME Benigno Lopez	TITLE	NAME
STREET ADDRESS 5002 Audley Lane	CITY - ST - ZIP Norcross, GA 30092	STREET ADDRESS	CITY - ST - ZIP
TITLE DP	NAME Marcos Jimenez	TITLE	NAME
STREET ADDRESS 3350 SW 148th Ave, Ste 110	CITY - ST - ZIP Miramar, FL 33027	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP	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)(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

Date

Daytime Phone #

04/28/05

404-460-5054