


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000029359 1. Entity Name INFINITY SOFTWARE, INC.					
Principal Place of Business 1290 HWY A1A #200 SATELLITE BEACH FL 32937			Mailing Address 659 LOGGERHEAD ISLAND DRIVE SATELLITE BEACH FL 32937		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3375628 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHAH, NAREN C 659 LOGGERHEAD ISLAND DR SATELLITE BEACH FL 32937			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 <i>Naren Shah</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 2-25-03 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHAH, NAREN C		NAME	000000075060 03/03/04-80044-005 150.00	
STREET ADDRESS	659 LOGGERHEAD ISLAND DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BEACH FL		CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHAH, ARVIND A. DR.		NAME		
STREET ADDRESS	A12 16TH FL, PRITHVI APTS, ALTA MOUNT RD		STREET ADDRESS		
CITY-ST-ZIP	MUMBAI IN 400-0-02		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Naren Shah</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			PRESIDENT 2-25-03 321-773-0850 <small>Date Daytime Phone #</small>		