

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000062554

1. Entity Name
STREET SOFTWARE TECHNOLOGY, INC.



Principal Place of Business
**1702 COSTA DEL SOL
BOCA RATON, FL 33432 US**

Mailing Address
**1702 COSTA DEL SOL
BOCA RATON, FL 33432 US**



05042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0689016

Applied For	
Not Applicable	

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

6. Name and Address of Current Registered Agent

**COHEN, SHARON
1702 COSTA DEL SOL
BOCA RATON, FL 33432**

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

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PC
NAME	COHEN, SHARON
STREET ADDRESS	1702 COSTA DEL SOL
CITY-STATE-ZIP	BOCA RATON, FL 33432
TITLE	DV
NAME	COHEN, MARK
STREET ADDRESS	1702 COSTA DEL SOL
CITY-STATE-ZIP	BOCA RATON, FL 33432
TITLE	D
NAME	HRANNARSSON, KJARTAN
STREET ADDRESS	1702 COSTA DEL SOL
CITY-STATE-ZIP	BOCA RATON, FL 33432
TITLE	XX
NAME	XX
STREET ADDRESS	XX
CITY-STATE-ZIP	XX, XX XX
TITLE	XX
NAME	XX
STREET ADDRESS	XX
CITY-STATE-ZIP	XX, XX XX
TITLE	ST
NAME	BRAFMAN, MILTON
STREET ADDRESS	1702 COSTA DEL SOL
CITY-STATE-ZIP	BOCA RATON, FL 33432

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05/10/04-80010-015 150.00

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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 Block 11 if changed, 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 #