FILED

03 DEC -1 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000072594

1. Entity Name
CNSOFT CONTROLS, INC.

200025232212
12/09/03--01027--024 **61.25

Principal Place of Business	Mailing Address
12997 SW 132 CT MIAMI, FL 33186	15261 SW 177 TERRACE MIAMI, FL 33187

CHECK HERE IF MAKING CHANGES

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 65-0690487 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SANCHEZ, CARLOS 15261 SW 177 TERRACE MIAMI, FL 33187	Name Street Address (P.O. Box Numbers 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 _____ DATE

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

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		
P	SANCHEZ, CARLOS 15261 SW 177 TERRACE MIAMI, FL 33187	☐ Delete
		☐ Delete
		☐ Delete
		☐ Delete
		☐ Delete
		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		
Qualifying Agent	Prieto Raul 7171 SW 135t Miami Fl 33144	☐ Change ☑ Addition
		☐ Change ☐ Addition
		☐ Change ☐ Addition
		☐ Change ☐ Addition
		☐ Change ☐ Addition
		☐ Change ☐ Addition

(CR2E034 (10/02))

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] 11/20/03
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date