04/26/2004 10:52 7278687112 RAO & ASSOC.

2004 **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90336 009 ***150.00

DOCUMENT # P97000019480

1. Entity Name

PROSOFT SOLUTIONS INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10225 TIMBER LAND PT DR	10225 TIMBER LAND PT DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA, FL	City & State: TAMPA, FL
Zip: 33647 Country:	Zip: 33647 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3430012 ☐ Applied For ☐ Not Applicable

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: RAGHAVACHARYULU, KIDAMBI

Street Address (P.O. Box Number is Not Acceptable): 10225 TIMBER LAND POINT DR

City: TAMPA, FL Zip Code: 33647

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 name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when restarting) DATE

January 1, 2004 Due & $150.00
After May 1, Fee is $400.00
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	PS
NAME	KIDAMBI, RAGHAVACHARYULU
STREET ADDRESS	10225 TIMBER LAND PT DR
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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CR2E034R (12/02)

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

SIGNATURE: K. Kabe 4/27/04 813-972-2788

SIGNATURE AND PRINT OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #