2005 FOR PROFIT CORPORATION ANNUAL REPORT

2/27/2006-90116-001-$150.00-$150.00 *
2/27/2006-90116-002-$750.00-$750.00

FILED
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DOCUMENT # P98000008924

1. Entity Name
ASTERIX SOFTWARE, INC.

Principal Place of Business	Mailing Address
20801 BISCAYNE BLVD., SUITE 300 AVENTURA, FL 33180	20801 BISCAYNE BLVD., SUITE 300 AVENTURA, FL 33180

01142005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
1747 VAN BUREN ST		1747 VAN BUREN ST	
Suite, Apt. #, etc. STE 1012		Suite, Apt. #, etc. STE 1012	
City & State HOLLYWOOD, FL		City & State HOLLYWOOD, FL	
Zip 33020	Country US	Zip 33020	Country US

4. FEI Number 65-0816566 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MORE, ROBERT
20801 BISCAYNE BLVD
SUITE 300
AVENTURA, FL 33180

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1747 VAN BUREN ST STE 1012

City HOLLYWOOD FL Zip Code 33020

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PSTD NAME MORE, JOHN STREET ADDRESS 20801 BISCANE BLVD. STE. 300 CITY-ST-ZIP AVENTURA, FL 33180	☐ Delete	TITLE NAME STREET ADDRESS 1747 VAN BUREN ST STE 1012 CITY-ST-ZIP HOLLYWOOD, FL. 33020	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

B 3/22/06
REINSTATEMENT 05-06

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] 954-929-3909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #