## 2005 FOR PROFIF CORPORATION ANNUAL REPORT

## FILED Jan 26, 2005 08:00 AM Secretary of State

DOCUMENT # P98000009596  1. Entity Name SIGMA SOFT, INC.		Secretary of State
Principal Place of Business Mailing Address 16306 BYRN WYCK LANE 16306 BYRN WYCK LAN ODESSA, FL 33556 ODESSA, FL 33556	NE	
	·	01182005 No Chg-P CR2E034 (10/03)
DO NOT WRITE IN THIS S	PACE	4. FEI Number Applied For S9-3490891 Not Applicable  5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
COUTRAS, CONSTANTINE 16306 BYRNWYCK LANE ODESSA, FL 33558		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.		
SIGNATUBE Signature, typed or printed name of registered agent and title if applicable. (NOTE	: Registered Agent eignature required	when reinstating) DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaig Trust Fund Contri		00 May Be ed to Fees
10. OFFICERS AND DIRECTORS		
NAME COUTRAS, CONSTANTINE		
STREET ADDRESS   16306 BYRN WYCK LANE CITY-ST-ZIP   ODESSA, FL 33556		··················· 1:0000001
TITLE		190000196227 01/26/05-80061-010 150,00
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CITY-ST-ZIP TITLE		- And
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STREET ADDRESS CITY-ST-ZIP	, , i <u></u>	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
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TITLE NAME STREET ADDRESS 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF	NT INE COUTRE	95 01/24/05 (813/926-8630) Das Deydro Phone #