2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2004 08:00 AN Secretary of State

DOCUMENT # P98000056089 1. Entity Name ZIP AND POP SOFTWARE INC.			Secretary of State			
Principal Place of Business	Mailing Address					
11859 NW 27TH ST Coral Springs, FL 33065	11859 NW 27TH ST Coral Springs, FL 33065					
		<u> </u>				
DO NOT WRITE	11. THE ODA	-	04162004	No Chg-P	CR2E034	(10/03)
DO NOT WRITE IN THIS SPA		CE	4. FEI Numbe 65-084			Applied For Not Applicable
			5. Certificate	of Status Desired	□ \$8	3.75 Additional e Required
6. Name and Address of Current Re	egistered Agent					
BONI, LOUIS A JR. 11859 NW 27TH ST CORAL SPRINGS, FL 33065		DO NOT WRITE IN THIS SPACE				
The above named entity submits this statement for the obligations of registered agent. CICNATURE	he purpose of changing its register	ed office or registe	red agent, or bo	th, in the State of Flo	rida. I am fan	niliar with, and accept
SIGNATURE	title II applicable. (NOTE: Registere	id Agent signature require	when reinstating)		DATE	-
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.		.00 May Be led to Fees		<u>, </u>	
10. OFFICERS AND DIRECTORS			ارا			
NAME BONI, LOUIS A JR STREET ADDRESS 11859 NW 27TH ST CORAL SPRINGS, FL 33065 TITLE				U00000 04/19/04-	117721 8 0031-0	11 150.00
NAME STREET ADDRESS						

DO NOT WRITE 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:

CITY-ST-ZIP

CITY-ST-ZIP TITLE

name Street address

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/04

959-465-2146

Daytime Phone #