

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000049234

1. Entity Name
DEGRIFF' SOFT, INC.



Principal Place of Business
**700 E. DANIA BEACH BLVD.
SUITE 202
FORT LAUDERDALE, FL 33004**

Mailing Address
**700 E. DANIA BEACH BLVD.
SUITE 202
FORT LAUDERDALE, FL 33004**



03162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEL Number
65-0933650

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**VIVES, PATRICK
700 E. DANIA BEACH BLVD.
SUITE 202
FORT LAUDERDALE, FL 33004**

**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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PANTANELLA, PHILIPPE
STREET ADDRESS 700 E. DANIA BEACH BLVD., SUITE 202
CITY-ST-ZIP DANIA, FL 33044

TITLE VSTD
NAME MOREAU, DANIELLE
STREET ADDRESS 700 E. DANIA BEACH BLVD., SUITE 202
CITY-ST-ZIP DANIA, FL 33004

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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04/22/06-80096-018 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 OR DIRECTOR

APRIL 4th 2006
Date Daytime Phone #