
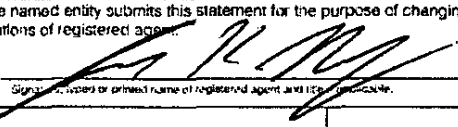



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

03-09-2004 90060 048 ***150.00

DOCUMENT # P94000090821						
1. Entity Name BUSINESS SOFTWARE DEVELOPERS, INC.						
Principal Place of Business 170 NW 78TH TERRACE BLDG 2, STE 102 PEMBROKE PINES, FL 33024 US			Mailing Address 170 NW 78TH TERRACE BLDG 2, STE 102 PEMBROKE PINES, FL 33024 US			
2. Principal Place of Business			3. Mailing Address			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country	Zip		Country	
4. FEI Number 65-0539988				Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
ESCHBAUGH, BOB 170 NW 78TH TERRACE BLDG 2, STE 102 PEMBROKE PINES, FL 33024			Name JOSEPH K. NOFEL, P.A.			
			Street Address (P.O. Box Number, is Not Acceptable) 3284 N. STATE ROAD 7			
			City LAUDERDALE LAKES		FL	Zip Code 33819
			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 			DATE 2/27/04			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ESCHBAUGH, JAQUELIN			NAME		
STREET ADDRESS	170 NW 78TH TERRACE BLDG 2, STE 102			STREET ADDRESS		
CITY - ST - ZIP	PEMBROKE PINES, FL			CITY - ST - ZIP		
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ESCHBAUGH, MICHELLE			NAME		
STREET ADDRESS	170 NW 78TH TERRACE BLDG 2, STE 102			STREET ADDRESS		
CITY - ST - ZIP	PEMBROKE PINES, FL			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY - ST - ZIP				CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY - ST - ZIP				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: 				DATE: 3/1/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ROBERT V ESCHBAUGH				Daytime Phone # 954-450-0618		

2004 FOR PROFIT CORPORATION ANNUAL REPORT

Attachment
66416271

DOCUMENT # P94000090821					
1. Entity Name BUSINESS SOFTWARE DEVELOPERS, INC.					
Principal Place of Business 170 NW 78TH TERRACE BLDG 2, STE 102 PEMBROKE PINES, FL 33024 US			Mailing Address 170 NW 78TH TERRACE BLDG 2, STE 102 PEMBROKE PINES, FL 33024 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04262004 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 65-0539988	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ESCHBAUGH, BOB 170 NW 78TH TERRACE BLDG 2, STE 102 PEMBROKE PINES, FL 33024				Name JOSUAH K. MOFIL, P.A.	
				Street Address (P.O. Box Number is Not Acceptable) 3284 N. STATE ROAD 7	
				City LAUDERDALE LAKES	
				FL Zip Code 33319	
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)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ESCHBAUGH, JAQUELIN 170 NW 78TH TERRACE BLDG 2, STE 102 PEMBROKE PINES, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ESCHBAUGH, MICHELLE 170 NW 78TH TERRACE BLDG 2, STE 102 PEMBROKE PINES, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			JAQUELIN E SCHBAUGH		4/26/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		954-450-0618 Daytime Phone #



26416271

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

April 7, 2004

BUSINESS SOFTWARE DEVELOPERS, INC.
C/O JOSEPH NOFIL P A
3284 N STATE RD 7
LAUDERDALE LAKES, FL 33319 US

SUBJECT: BUSINESS SOFTWARE DEVELOPERS, INC.
Ref. Number: P94000090821

The enclosed letter and/or attachment(s) was/were returned to this office by the United States Postal Service due to an incorrect mailing address. Because the attached documentation reflects you are associated with this entity, we are forwarding these documents to you for appropriate handling.

To insure this entity receives any future notices, it is imperative that this entity notify this office of its correct mailing address. PLEASE REVISE THE ENCLOSED DOCUMENT TO REFLECT THE CORRECT MAILING ADDRESS BEFORE RETURNING IT TO THIS OFFICE FOR PROCESSING.

Should you have any questions concerning this matter, you may contact our office by calling (850) 245-6056.

Division of Corporations

Letter Number: 504A00022843