

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90270 001 *1,050.00

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1. Entity Name
AMDX USA, INC.



Principal Place of Business
3071 NW 107TH AVENUE
MIAMI, FL 33172

Mailing Address
3075 NW 107TH AVENUE
MIAMI, FL 33172

2. Principal Place of Business

2841 NW 107th Ave.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip

33172

Country

USA

Zip

Country

01122005

Chg-P

CR2E034 (10/03)

4. FEI Number

65-1031872

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, ODELIN
3075 NW 107TH AVENUE
MIAMI, FL 33172

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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

TITLE CD ☐ Delete
NAME DE CESPEDES, CARLOS M
STREET ADDRESS 3075 NW 107TH AVENUE
CITY-ST-ZIP MIAMI, FL 33172

TITLE CEOD ☐ Delete
NAME DE CESPEDES, JORGE L
STREET ADDRESS 3075 NW 107TH AVENUE
CITY-ST-ZIP MIAMI, FL 33172

TITLE CFOD ☐ Delete
NAME PEREZ, BERTIN J
STREET ADDRESS 3075 NW 107TH AVENUE
CITY-ST-ZIP MIAMI, FL 33172

TITLE V ☐ Delete
NAME ROSELL, GUILLERMO
STREET ADDRESS 3075 NW 107TH AVENUE
CITY-ST-ZIP MIAMI, FL 33172

TITLE S ☐ Delete
NAME FERNANDEZ, ODELIN
STREET ADDRESS 3075 NW 107TH AVENUE
CITY-ST-ZIP MIAMI, FL 33172

TITLE AS ☐ Delete
NAME GARCIA, LEO
STREET ADDRESS 3075 NW 107TH AVENUE
CITY-ST-ZIP MIAMI, FL 33172

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 OR DIRECTOR

Date

Daytime Phone #

66002790



2/1/05

305-582-2324