2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000003009

Entity Name: OPHTEC USA, INC

FILED Jun 22, 2009 Secretary of State

Littly Nan	ile. OFFIIL	C OSA, IIV	ی.					
Current Principal Place of Business:					New Principal Place of Business:			
6421 CON(STE 112	GRESS AVE	Ξ						
BOCA RAT	ON, FL 33	487 US						
Current Ma	ailing Addı	ess:			New Mailir	ng Address:		
SUITE 112	GRESS AVE		LIG		6421 CONGRESS AVE STE 112 BOCA BATON EL 33487 LIS			
FEI Number:	ON, FL 33				BOCA RATON, FL 33487 US mber Not Applicable () Certificate of Status Desired ()			
				FEINUII		. ,	. ,	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
10304 ISLA	Y, RONALD NDER DR. ON, FL 33							
The above in the State		ty submits tl	nis statement for the p	ourpose o	f changing it	s registered of	ffice or registered agent, or bot	:h,
SIGNATUR	RE:							
	Electr	onic Signat	ure of Registered Age	ent			Date	_
			s., the corporation did no	ot receive t	he prior notice	е.		
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	C WORST-VAN	() Delete N DAM, ANNA N 11, 9751 BI			Title: Name: Address: City-St-Zip:		Change () Addition	
Title: Name: Address: City-St-Zip:	WORST, ER DE SAVORN	() Delete IK JAN IIN LOHMANLA ONINGEN, NE			Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	SMIT, HEND LAAN DER K	() Delete RIK (RUISHEREN , NETHERLAN	DS,		Title: Name: Address: City-St-Zip:	PSD (X) MCCARLEY, RC 10304 ISLANDE BOCA RATON, I	ER DRIVE	
Title: Name: Address: City-St-Zip:	MCCARLEY 10304 ISLAN				Title: Name: Address: City-St-Zip:	ENGELS, AALD FONTEINKAIND		
Title:	Т	(X) Delete			Title:	()	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: RONALD MCCARLEY PSD 06/22/2009

ENGELS, AALDRIK H

HARENREEN, NETHERLANDS, 8445 RX

FONTEINKAIND 63

Name:

Address:

City-St-Zip: