

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 17, 2006 08:00 AM Secretary of State

DOCUMENT # P0000012108
1. Entity Name
PROGEMS USA CORP.



Principal Place of Business
36 NE 1ST STREET, SEYBOLD BLDG.
STE 942
MIAMI, FL 33132
Mailing Address
36 NE 1ST STREET, SEYBOLD BLDG.
STE 942
MIAMI, FL 33132



07142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0979213 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SUDARSKY, HARRY
36 NE 1ST STREET, SEYBOLD BLDG.
STE 942
MIAMI, FL 33132

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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)

000000570881
07/14/06 0011 002 150.00
DATE

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SUDARSKY, HARRY
STREET ADDRESS 36 NE 1ST ST, SEYBOLD BLDG, STE 942
CITY-ST-ZIP MIAMI, FL 33132

TITLE VPD
NAME SUDARSKY, ALAN
STREET ADDRESS 36 NE 1ST ST, SEYBOLD BLDG, STE94Z
CITY-ST-ZIP MIAMI, FL 33132

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/14/06 (305)373-7307
Date Daytime Phone #