

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000064661	
1. Entity Name MIDICOMP-PLEXTOR USA, INC.	

Principal Place of Business 2220 NE 2ND AVE MIAMI FL 33137	Mailing Address 721 US HWY 1 SUITE 122 NORTH PALM BEACH FL 33408
---	---

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E034 (10/05)

4. FCI Number 65-1045135	☐ Applied F ☐ Not App
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MEZEI, ISTVAN L 721 US HWY 1 SUITE 122 NORTH PALM BEACH FL 33408	
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.

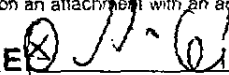
SIGNATURE _____ (NOTE: Registered Agent signature required when remitting fee) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P ☐ Delete	NAME MEZEI, ISTVAN L	TITLE ☐ Change ☐ Add	NAME UD0000555297
STREET ADDRESS 721 US HWY 1 SUITE 122	CITY-ST-ZIP NORTH PALM BEACH FL 33408	STREET ADDRESS 05/16/06-80027-020 150.00	CITY-ST-ZIP
TITLE ☐ Delete	NAME	TITLE ☐ Change ☐ Add	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE ☐ Delete	NAME	TITLE ☐ Change ☐ Add	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE ☐ Delete	NAME	TITLE ☐ Change ☐ Add	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE ☐ Delete	NAME	TITLE ☐ Change ☐ Add	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE ☐ Delete	NAME	TITLE ☐ Change ☐ Add	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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  **3/29/06 239-237-1836**