


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000017863</b>	
1. Entity Name <b>MIDAS, INC.</b>	

Principal Place of Business <b>19355 TURNBERRY WAY UNIT TS-E AVENTURA, FL 33180</b>	Mailing Address <b>19355 TURNBERRY WAY UNIT TS-E AVENTURA, FL 33180</b>
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01222006 No Chg-F CRZE034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>52-2421039</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>MARCUS, ALAN J 20803 BISCAYNE BLVD SUITE 301 AVENTURA, FL 33180</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCUS, ALAN J ESQ. 20803 BISCAYNE BLVD STE 301 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KONIG, CARLOS 19355 TURNBERRY WAY #TS-E AVENTURA, FL 33180
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02/02/06-80010-004 150.00

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 like empowered.

SIGNATURE: *Carlos Konig* **JAN 20, 2006**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #