

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000120987

1. Entity Name
SETUP CONSULTING USA, INC.



Principal Place of Business
5738 FORRESTER LAKE DR
SARASOTA, FL 34243

Mailing Address
5738 FORRESTER LAKE DR
SARASOTA, FL 34243



05022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0442270

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BUSIERE, JERRY L
7608 DESOTO DR
ELLENTON, FL 34222

**DO NOT WRITE
IN THIS SPACE**

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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MUDRAK, ISTVAN
STREET ADDRESS 5738 FORRESTER LAKE DR
CITY-ST-ZIP SARASOTA, FL 34243

TITLE VD
NAME SZALAY, ROBERT
STREET ADDRESS 5738 FORRESTER LAKE DR
CITY-ST-ZIP SARASOTA, FL 34243

TITLE ST
NAME NYESTE, ILDIKO
STREET ADDRESS 5738 FORRESTER LAKE DR
CITY-ST-ZIP SARASOTA, FL 34243

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000362079
05/05/05-80105-003 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Ildiko E. Nyeste

3/14/05

941-351-6379

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #