2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 25, 2005 08:00 AM **Secretary of State**

DOCUMENT	# P03000015243
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1. Entity Name MIDAR GROUP, INC.



Principal Place of Business

20281 E. COUNTRY CLUB DRIVE, #509 AVENTURA, FL 33180

Mailing Address

20281 E. COUNTRY CLUB DRIVE, #509 AVENTURA, FL 33180



05042005

No Chg-P

CR2E034 (10/03)

4. FEI Number

36-4524120

Not Applicable

Applied For

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

STERNBERG, DANIEL 20281 E. COUNTRY CLUB DRIVE, #509 AVENTURA, FL 33180

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00

9. Election Campaign Financing

\$5.00 May Re

In accordance with s 607 193(2)(b) E.S. the

	ue by September 7, 2005	Trust Fund Contribution		Added to Fees	corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS			7 100		TECHNOLOGIC CONTRACTOR CONTRACTOR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STERNBERG, GABRIEL 20281 E. COUNTRY CLUB DRIVE, # AVENTURA, FL 33180	509			Julion 374276
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STERNBERG, DANIEL 20281 E. COUNTRY CLUB DRIVE, # AVENTURA, FL 33180	509			167/25/05-80001-023 [50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STERNBERG, IGNACIO 20281 E. COUNTRY CLUB DRIVE, # AVENTURA, FL 33180	509	A SULPHINA	E DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN.	THIS SPACE
TITLE NAME STREET ADDRESS GITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			9.85 (10.2)		

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(7). 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 redeliver 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 attaching with an address, with all other like empowered.

SIGNATURE: