

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000090945

FILED
Jul 05, 2006
Secretary of State**Entity Name:** MICROSHRED, INC.**Current Principal Place of Business:**19593 NE 10TH AVE.
BLDG 4 BAY A&B
MIAMI, FL 33179**New Principal Place of Business:****Current Mailing Address:**19593 NE 10TH AVE.
BLDG 4 BAY A&B
MIAMI, FL 33179**New Mailing Address:****FEI Number:** 35-2213198**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PREVITI, PETER ESQ
5825 SUNSET DR, STE 210
MIAMI, FL 33143 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TSOHN, AMI
Address: 19593 NE 10TH AVE BLD 4 BAY A&B
City-St-Zip: MIAMI, FL 33179

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
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City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P-D (X) Change () Addition
Name: TSOHN, AMI
Address: 19593 NE 10TH AVE BLD 4 BAY A&B
City-St-Zip: MIAMI, FL 33179

Title: VP/D () Change (X) Addition
Name: TSOHN, ROSEMARY
Address: 19593 NE 10 AVE, BLDG4, BAY A & B
City-St-Zip: MIAMI, FL 33179

Title: V-P () Change (X) Addition
Name: SCHLAFLY, NIRA V
Address: 19593 NE 10 AVE., BLDG 4, BAY A&B
City-St-Zip: MIAMI, FL 33179

Title: VP () Change (X) Addition
Name: CIECHANOWIECKI, ORLY T
Address: 19593 NE 10 AVE, BLDG 4, BAY A&B
City-St-Zip: MIAMI, FL 33179

Title: VP () Change (X) Addition
Name: TSOHN, RINA
Address: 19593 NE 10 AVE, BLDG 4, BAY A & B
City-St-Zip: MIAMI, FL 33179

Title: VP () Change (X) Addition
Name: SCHLAFLY, JAMES
Address: 19593 NE 10 AVE, BLDG 4 BAY A & B
City-St-Zip: MIAMI, FL 33179

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSEMARY TSOHN

VP

07/05/2006

Electronic Signature of Signing Officer or Director

Date