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May 16, 2005 8:00 am
Secretary of State

03-29-2005 90010 029 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000028611

1. Entity Name
AVIDEC USA CORP.

Principal Place of Business	Mailing Address
3900 NW 79TH AVENUE SUITE 328 MIAMI, FL 33166	3900 NW 79TH AVENUE SUITE 328 MIAMI, FL 33166

03232005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
5311 S.W 125 ave	5311 S.W 125 ave
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Miramar Fl	City & State: Miramar Fl
Zip: 33027 Country	Zip: 33027 Country

4. FEI Number: 20-0741016 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SERRANO, JUAN F
3900 NW 79TH AVENUE
SUITE 328
MIAMI, FL 33166

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 ____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GANZ, MANFRED O 3900 NW 79TH AVENUE MIAMI, FL 33166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #