## \* 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Mar 20, 2006 8:00 am Secretary of State DOCUMENT # P04000028611 03-20-2006 90018 010 \*\*\*150.00 AVIDEC USA CORP. Principal Place of Business Mailing Address 50003641 5311 SW 125 AVE 5311 SW 125 AVE MIRAMAR, FL 33027 MIRAMAR, FL 33027 03142006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0741016 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SERRANO, JUAN F DO NOT WRITE 3900 NW 79TH AVENUE **SUITE 328** IN THIS SPACE MIAMI, FL 33166 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10 OFFICERS AND DIRECTORS TITLE NAME GANZ, MANFRED O STREET ADDRESS 3900 NW 79TH AVENUE MIAMI, FL 33166 CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 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 of 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

an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

SIGNATURE: 9

**FILED** 

Daytime Phone #