2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 30, 2005 8:00 am Secretary of State

DOCUMENT # P0400058266 1. Entity Name CARMIX USA CORPORATION					03-30-2005 90030 003 ***150.00			
Principal Place of Business Mailing Address 700 N STATE ROAD 7 PLANTATION, FL 33317 PLANTATION, FL 33317			,	LINGUI	I IN FEIN PIBIL SPIN BEIN SEIN GEREL G			
3 Agrinicipal Place of Business 3. Mailing Address								
Suite, Apt.		Suite, Apt. #, etc.		0222200	······································	2E034 (10/03)		
	rdale lakes, th	Lauderdale		FL 20	-0966875	No	plied For t Applicable	
^{Zip} 3333	OSA Country	3331	Country		ate of Status Desired	\$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent								
MAHMOUDI, SHAHNAZ 700 N STATE ROAD 7 PLANTATION, FL 33317				Mahmoud, Shahnar Sheel Address (P.O. Box Number is Not Acceptable) Park Bird.				
				Lauderdale Lales FL 33317				
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 named registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
10.	OFFICERS AND DIRECTORS 11.			, ADDITION	IS/CHANGES TO OFFICERS			
TITLE NAME	P,T MAHMOUDI, SHAHNAZ	☐ Delete	TITLE NAME	_	- Vla d Oa	☐ Change	Addition	
STREET ADDRESS	FOO N STATE ROAD 7				cakland Po	4 K 1210		
CITY-ST-ZIP	PLANTATION, FL 33317	☐ Delete	CITY-ST-ZIP	Laudera	dale lakes,	Change	2J°7 □ Addition	
NAME	SHAMSRAD, HAMID	Delete .	NAME				_	
STREET ADDRESS CITY-ST-ZIP	700 N STATE ROAD 7* PLANTATION FL 33317			3297 W.	oakland Pa	ok bluc	X	
TITLE	I LEAVING TO THE STATE OF THE S	☐ Delete	TITLE	ancero	are coulds, 1	Change	Addition	
NAME			*NAME			_		
"STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS • CITY-ST-ZIP			•	-	
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS	l				
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE		-	☐ Change	☐ Additlon	
NAME Street Address			NAME STREET ADDRESS]	
CITY-ST-ZIP			CiTY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP			·		
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.								