

FILED
Jun 01, 2005 8:00 am
Secretary of State

04-20-2005 90341 039 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

4/1

DOCUMENT # P04000158191			
1. Entity Name ISIS ELECTRONICS USA, INC.			
Principal Place of Business 1500 CORDOVA RD SUITE 308 FT LAUDERDALE FL 33316		Mailing Address 1500 CORDOVA RD SUITE 308 FT LAUDERDALE FL 33316	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-1914930		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HANLEY, DAVID F 200 EAST LAS OLAS BLVD SUITE 1900 FT LAUDERDALE FL 33301		7. Name and Address of New Registered Agent Name ARTHUR T. TENENBAUM & CO. Street Address (P.O. Box Number is Not Acceptable) 915 MIDDLE RIVER DRIVE SUITE 300 City FORT LAUDERDALE FL Zip Code 33304	
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 <u>Arthur T Tenenbaum & Co</u> DATE <u>4/15/05</u> Signature required or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when re-registering)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete D WILLIAMS, MICHAEL A 14B EDEN GARDEN 6 WAI HON ROAD SHEUNG SHIU NEW TERRITORIES HONG KONG	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition PHILLIPS, PRUDENCE 1500 CORDOVA RD, SUITE 308 FT. LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: <u>Sub Williams</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRUDENCE WILLIAMS		DATE <u>4/14/05</u> Daytime Phone #	