

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P96000076033</b> 1. Entity Name MIDACOMP CORP.						<b>FILED</b> <b>05 MAR 24 AM 9:31</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 20801 BISCAYNE BLVD. #403 MIAMI, FL 33180 US				Mailing Address 2450 N.E. MIAMI GARDENS DRIVE SECOND FLOOR NORTH MIAMI BEACH, FL 33180 US			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip      Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip      Country			
4. FEI Number 65-0703766				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DIAZ, FERNANDO 20801 BISCAYNE BLVD. #403 MIAMI, FL 33180				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>Amended AR is \$61.25</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			
<b>\$5.00 May Be Added to Fees</b>							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <input checked="" type="checkbox"/> Delete MIZRAHI, MOISES 8545 NW 72 ST. MIAMI, FL 33166			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Adriana Stern Cerrada de la Amargura, Ed. Privilege Torre 3, Apt. 1004 Col. la Herradura, Delegacion Huixquilucan CP 52784 Edo. de Mexico, MEXICO		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS <input type="checkbox"/> Delete SMITH, JOSE ESQ 2450 N.E. MIAMI GARDENS DRIVE, 2ND FLOOR NORTH MIAMI BEACH, FL 33180			TITLE NAME STREET ADDRESS CITY-ST-ZIP	800049682048 04/01/05--01064--012 **61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete DIAZ, FERNANDO 20801 BISCAYNE BLVD., #403 MIAMI, FL 33180			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				3/18/05 <small>Date</small>			
				<small>Daytime Phone #</small>			