

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90446 032 ***150.00

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DOCUMENT # P99000008533
 1. Entity Name
 LYSYS, INC.



Principal Place of Business Mailing Address
 7440 S.W. 50TH TERRACE, #103 MIAMI, FL 33155
 7440 S.W. 50TH TERRACE, #103 MIAMI, FL 33155

2. Principal Place of Business 3. Mailing Address
 5000 SW 75 AVE SUITE 116
 SUITE 116 SUITE 116

City & State City & State
 MIAMI, FL MIAMI, FL
 Zip 33155 Country U.S. Zip 33155 Country U.S.

04202006 Chg-P CR2E034 (11/05)
 4. FEI Number Applied For
 65-0913749 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PUGA, CARLOS JOSE
 7440 S.W. 50TH TERRACE, #103
 MIAMI, FL 33155

7. Name and Address of New Registered Agent
 Name PUGA, CARLOS JOSE
 Street Address (P.O. Box Number is Not Acceptable)
 5000 SW 75 AVE STE 116
 City MIAMI FL Zip Code 33155

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]*
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, 2006 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 PUGA, CARLOS JOSE 7440 S.W. 50TH TERRACE, #103 MIAMI, FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PUGA, CARLOS JOSE 5000 SW 75 AVE STE 116 MIAMI, FL 33155 <input checked="" 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
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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 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 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 #