



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2007 8:00 am
Secretary of State

08-27-2007 90034 011 ***150.00

DOCUMENT # P99000008533					
1. Entity Name LYSYS, INC.					
Principal Place of Business 5000 SW 75 AVE STE 116 MIAMI, FL 33155			Mailing Address 5000 SW 75 AVE STE 116 MIAMI, FL 33155		
2. Principal Place of Business - No P.O. Box # 3250 Mary St		3. Mailing Address 3250 Mary St.			
Suite, Apt. #, etc. Suite 404		Suite, Apt. #, etc. Suite 404			
City & State Miami, FL		City & State Miami, FL			
Zip 33133		Country USA		08222007 Chg-P CR2E034 (12/06)	
4. FEI Number 65-0913749				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 PUGA, CARLOS JOSE 5000 SW 75 AVE STE 116 MIAMI, FL 33155			7. Name and Address of Now Registered Agent Name <u>PUGA, CARLOS J</u> Street Address (P.O. Box Number is Not Acceptable) 3250 Mary St Suite 404 City <u>Miami</u> FL Zip Code <u>33133</u>		
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.</small>				DATE <u>Aug 20, 2007</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PUGA, CARLOS JOSE 5000 SW 75 AVE STE 116 MIAMI, FL 33155	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Carlos J Puga 3250 Mary St Suite 404 Miami, FL 33133	<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
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 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.					