

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90055 018 ***150.00

DOCUMENT # P99000008533			
1. Entity Name LYSYS, INC.			
Principal Place of Business 3250 MARY ST SUITE 404 MIAMI, FL 33133		Mailing Address 3250 MARY ST SUITE 404 MIAMI, FL 33133	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2843 S. BAYSHORE DR. #14E	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State MIAMI, FLORIDA	
Zip	Country	Zip	Country
33133	USA	33133	USA
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		7. Name and Address of New Registered Agent	
PUGA, CARLOS JOSE 3250 MARY ST SUITE 404 MIAMI, FL 33133		Name Street Address (P.O. Box Number is Not Acceptable) 2843 S. BAYSHORE DRIVE #14E City MIAMI, FLORIDA FL Zip Code 33133	
8. The above named entry 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 ✓ 		DATE 4/4/08	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P PUGA, CARLOS JOSE 3250 MARY ST SUITE 404 MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 reports 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: ✓ 		DATE 4/4/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	