


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N00000005386	
1. Entity Name S I A P, INC.	

Principal Place of Business 2645 SW 115 AVENUE MIAMI, FL 33165	Mailing Address 2645 SW 115 AVENUE MIAMI, FL 33165
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03152005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1035172	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

REYES, OLGA H  
 2645 SW 115 AVENUE  
 MIAMI, FL 33165

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYES, OLGA H 2645 SW 115 AVENUE MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COMPTIS, BONIBLU 13170 SW 17 TER MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, OLGA T 2645 SW 115 AVENUE MIAMI, FL 33165
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000268513  
 03/18/05-80047-008 61.25

**DO NOT WRITE IN THIS SPACE**

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 617, 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: Olga H. Reyes OLGA H. REYES 3/15/05 305-299-7955  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #