


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 08:00 AM
Secretary of State


DOCUMENT # 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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03012007 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

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

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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, 2007**

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	

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 03/23/07-80070-011 61.25

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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 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* 3/9/07 305-299-7955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #