


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90025 007 \*\*\*\*61.25

**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

**DO NOT WRITE IN THIS SPACE**



02152008 No Chg-NP CR2E037 (4/06)

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 OLGA H. REYES Olga H. Reyes 4/9/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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 PÉREZ, OLGA T 2645 SW 115 AVENUE MIAMI, FL 33165	LEONOR GARCIA 2645 SW 115 AVE MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

**DO NOT WRITE IN THIS SPACE**

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 4/9/08 305-299-7955  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #