

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000083352

**FILED  
May 16, 2005  
Secretary of State**

Entity Name: SEPHIRA, INC.

**Current Principal Place of Business:**

**New Principal Place of Business:**

1440 JFK CAUSEWAY SUITE 315  
NORTH BAY VILLAGE, FL 33141

**Current Mailing Address:**

**New Mailing Address:**

1440 JFK CAUSEWAY SUITE 315  
NORTH BAY VILLAGE, FL 33141

FEI Number: 45-0483710

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: ARMAYOR, ARTURO  
Address: 1440 JFK CAUSEWAY SUITE 315  
City-St-Zip: NORTH BAY VILLAGE, FL 33141

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTURO ARMAYOR

PTD

05/16/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date