


FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90015 013 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 831208																																																																																																																											
1. Entity Name SCANDIA ENTERPRISES N.V.		24005471																																																																																																																									
Principal Place of Business CORPORATION COMPANY OF MIAMI 100 CHOPIN PLAZA, 15TH FLOOR MIAMI, FL 33131-4332		Mailing Address 9095 SW 87 AVE., #777 MIAMI, FL 33176																																																																																																																									
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																																																									
City & State		City & State																																																																																																																									
Zip		Zip																																																																																																																									
Country		Country																																																																																																																									
4. FEI Number 59-1496834		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 CORPORATION COMPANY OF MIAMI 100 CHOPIN PLAZA 15TH FLOOR MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																																									
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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____																																																																																																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 30%;">TITLE</td><td style="width: 40%;">PD</td><td style="width: 30%;"><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>YOHOROS, MOISES</td><td></td></tr><tr><td>STREET ADDRESS</td><td>% 201 S BISCAYNE 16TH FL</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>MIAMI, FL</td><td></td></tr><tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>YOHOROS, DAVID M.</td><td></td></tr><tr><td>STREET ADDRESS</td><td>% 201 S BISCAYNE 16TH FL</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>MIAMI, FL</td><td></td></tr><tr><td>TITLE</td><td>TD</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>COVENANT MANAGERS NV</td><td></td></tr><tr><td>STREET ADDRESS</td><td>100 CHOPIN PLAZA 16TH FLOOR</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>MIAMI, FL 33131</td><td></td></tr><tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>YOHOROS, RICHARD M.</td><td></td></tr><tr><td>STREET ADDRESS</td><td>% 201 S BISCAYNE 16TH FL</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>MIAMI, FL</td><td></td></tr><tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>DAYAN, GAY ALEGRE Y</td><td></td></tr><tr><td>STREET ADDRESS</td><td>100 CHOPIN PLAZA 16TH FLOOR</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>MIAMI, FL 33131</td><td></td></tr><tr><td>TITLE</td><td>VD</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>NAMOUI DE YOHOROS, CAMELIA</td><td></td></tr><tr><td>STREET ADDRESS</td><td>100 CHOPIN PLAZA 16TH FLOOR</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>MIAMI, FL 33131</td><td></td></tr></table>		TITLE	PD	<input type="checkbox"/> Delete	NAME	YOHOROS, MOISES		STREET ADDRESS	% 201 S BISCAYNE 16TH FL		CITY-ST-ZIP	MIAMI, FL		TITLE	D	<input type="checkbox"/> Delete	NAME	YOHOROS, DAVID M.		STREET ADDRESS	% 201 S BISCAYNE 16TH FL		CITY-ST-ZIP	MIAMI, FL		TITLE	TD	<input type="checkbox"/> Delete	NAME	COVENANT MANAGERS NV		STREET ADDRESS	100 CHOPIN PLAZA 16TH FLOOR		CITY-ST-ZIP	MIAMI, FL 33131		TITLE	D	<input type="checkbox"/> Delete	NAME	YOHOROS, RICHARD M.		STREET ADDRESS	% 201 S BISCAYNE 16TH FL		CITY-ST-ZIP	MIAMI, FL		TITLE	D	<input type="checkbox"/> Delete	NAME	DAYAN, GAY ALEGRE Y		STREET ADDRESS	100 CHOPIN PLAZA 16TH FLOOR		CITY-ST-ZIP	MIAMI, FL 33131		TITLE	VD	<input type="checkbox"/> Delete	NAME	NAMOUI DE YOHOROS, CAMELIA		STREET ADDRESS	100 CHOPIN PLAZA 16TH FLOOR		CITY-ST-ZIP	MIAMI, FL 33131		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 30%;">TITLE</td><td style="width: 40%;"></td><td style="width: 30%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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 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: <i>Adalyn Rodriguez</i>		1/30/04 984791-7304																																																																																																																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #																																																																																																																									