## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Sep 21, 2004 8:00 am Secretary of State

|   | ANNUAI   | L REPORT  |  |   | ary or State  |  |
|---|--|---|--|---|---|--|
| DOCU  | MENT # F9700000                                      | 0879  |  | 09-21-200   | 94 90001 017 ***550.00  |  |
| 1. Entity Name  |  |   |  | <b>\</b>  |   |  |
| SIVAD HU  | EDING CORPORATION                                    |   |  | 7   |   |  |
| Principal Place   | e of Business  | Mailing Address   |  | 9406  | 15867   |  |
| 1100 NE 7TH   | I AVE, SUITE A                                       | RT. 4 BOX 8040  |  | _ 2400  | 10001   |  |
| DANIA, FL 3:  | 3004   | NOCOQ DOCHES, TX 757  | 764  | ٠ . يو يو   |   |  |
| A D::101  | j  | 0.34.11 A.1.1.  |  |   |   |  |
| z. Principal Pi   | lace of Business                                     | 8568 South  | Hwy 59   |   |   |  |
| Suite, Apt.   | #, etc.  | Suite, Apt. #, etc.   | Tx 75964   | 08302004 Chg-P  | CR2E034 (10/03)   |  |
| City & State  | 9 .  | City & State  |  | 4. FEI Number<br>75-2637327   | Applied For Not Applicable  |  |
| Zip   | Country  | Zip   | Country  | 5. Certificate of Status Desired  | \$8.75 Additional   |  |
|   | 6. Name and Address of Curren                        | 75964   |  | -7,-Name and Address of Nev   | Fee Required  |  |
| 20001112  |  | •   | Name .   |   |   |  |
| BOSSHARDT, KURT E<br>C/O BOSSHARDT&EDWARDS P.A.           |  |   | Street Address                                     | Street Address (P.O. Box Number is Not Acceptable)                          |   |  |
| 1600 SE 17TH STREET, STE 404<br>FORT LAUDERDALE, FL 33316 |  |   |  |   |   |  |
|   | DE DADE, LE VOOR                                     |   | City   |   | FL Zip Code   |  |
| 8. The above  | named entity submits this statement i                | for the ournose of changing its re  | egistered office or regist                         | tered agent, or both, in the State of                                       | Florida. I am familiar with, and accept   |  |
|   | ions of registered agent.                            | ios ino purpose of origing its fo   | gistored omes or regist                            | orda agora, or pour, in the otate of  | conda. Tentaming with and docept  |  |
| SIGNATURE_  | Signature, typed or printed name of registered ager  | Alone de la companya |  |   | DATE  |  |
|   | Signature, typed or printed harne or registered ager |   | Registered Agent signature requi                   | red when reinstating)   | DATE  |  |
|   | LE NOW!!! FEE IS \$550.00<br>ue by September 8, 2004 | 9. Election Campaign<br>Trust Fund Contrib  |  | 5.00 May Be   | •   |  |
| 10.   | OFFICERS AND   | D DIRECTORS   | <b>T</b> 11.                                       | ADDITIONS/CHANGES TO C  | DEFICERS AND DIRECTORS IN 11  |  |
| TITLE   | PCD  | ☐ Delete  | TITLE  |   | ☐ Change ☐ Addition   |  |
| name<br>Street address                                    | DAVIS, DON<br>2430 LAGUNA DR.                        |   | NAME<br>STREET ADDRESS                             |   |   |  |
| CITY-ST-ZIP   | FT LAUDERDALE, FL                                    |   | CITY-ST-ZIP  |   |   |  |
| TITLE   | V  | ☐ Delete  | TITLE  |   | ☐ Change ☐ Addition   |  |
| NAME<br>STREET ADDRESS                                    | DAVIS, MARIA<br>2430 LAGUNA DR.                      |   | NAME<br>STREET ADDRESS                             |   |   |  |
| CITY-ST-ZIP   | FT LAUDERDALE, FL                                    |   | CITY-ST-ZIP  |   |   |  |
| TITLE   | 1  | ☐ Delete  | TITLE  |   | ☐ Change ☐ Addition   |  |
| NAME<br>Street Address                                    | 1  |   | NAME<br>E = STREET ADDRESO :                       |   |   |  |
| CITY-ST-ZIP   |  |   | CITY-ST-ZIP  |   |   |  |
| TITLE   |  | ☐ Delete  | TITLE  |   | ☐ Change ☐ Addition   |  |
| NAME<br>STREET ADDRESS                                    | il<br>ï  |   | NAME<br>STREET ADDRESS                             |   |   |  |
| CITY-ST-ZIP   |  |   | CITY-ST-ZIP  |   |   |  |
| TITLE<br>NAME   |  | ☐ Delete  | TITLE<br>NAME                                      |   | ☐ Change ☐ Addition   |  |
| STREET ADDRESS  |  |   | STREET ADDRESS                                     |   |   |  |
| CITY-ST-ZIP   | <u> </u>   |   | CITY-ST-ZIP  |   |   |  |
| TITLE<br>NAME   |  | ☐ Delete  | TITLE  |   | ☐ Change ☐ Addition   |  |
| NAME<br>STREET ADDRESS                                    | )<br>V   |   | NAME<br>STREET ADDRESS                             |   |   |  |
| CITY-ST-ZIP   |  |   | CITY-ST-ZIP  |   | <del></del>   |  |
| <ol> <li>12. I hereby a<br/>indicated</li> </ol>          | certify that the information supplied wi             | th this filing does not qualify for this true and accurate and that my  | he exemption stated in<br>signature shall have the | Section 119.07(3)(i), Florida Statuti<br>e same legal effect as if made und | es. I further certify that the information ler oath: that I am an officer or director |  |

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: Marica Davis  | 9.17.04 |                 |
|--|---------|-----------------|
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date    | Daytime Phone # |