## ANNUAL REPORT

6. Name and Address of Current Registered Agent

**DOCUMENT # G89654** 

1. Entity Name SIPPERN, INC.



Apr 02 Seco

Principal Place of Business

% GERSON PRESTON 666 71ST STREET MIAMI BEACH, FL 33141 Mailing Address % GERSON PRESTON 666 71ST STREET

MIAMI BEACH, FL 33141



						033
DO	NOT	<b>WRITE</b>	IN	THIS	SPACE	4. FF

03302007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For Not Applied For N

52-1356148 | Not Applicable

5. Certificate of Status Desired | \$8.75 Additional Fee Required

HERZ, DANIEL DO NOT WRITE 7261 SW 42ND CT. DAVIE, FL 33314 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 1 am familiar with, and accept the obligations of registered agent. 15 MARCH 2007 (NOTE: Registered Agent signature required when reinstating) SIGNATURE. ed or printed name of registers FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DPST TITLE SAVRANSKY, RAUL NAME STREET ADDRESS 6660 71ST STREET CITY-ST-ZIP MIAMI BEACH, FL 33141 TITLE U00000684652 NAME STREET ADDRESS 04/06/07-80041-021 150.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 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: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAUL SAURANSKY Date

26th MARCH 2007

Dayline Phone #