


2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 02
Sec

DOCUMENT # G89654 1. Entity Name SIPPEN, INC.	
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Principal Place of Business % GERSON PRESTON 666 71ST STREET MIAMI BEACH, FL 33141	Mailing Address % GERSON PRESTON 666 71ST STREET MIAMI BEACH, FL 33141
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DO NOT WRITE IN THIS SPACE

03302007 No Chg-P CR2E034 (11/05)

4. FEI Number 52-1356148	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HERZ, DANIEL
 7261 SW 42ND CT.
 DAVIE, FL 33314

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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: *Raul Savransky* DATE: 20th MARCH 2007

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	SAVRANSKY, RAUL
STREET ADDRESS	6660 71ST STREET
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000684852
04/06/07-80041-021. 150.00

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: *Raul Savransky* Date: 20th MARCH 2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR