## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

ANNOAL REPORT										
DOCUMENT # K93265										
1. Entity Name					FILED					
THE SINAI COMPANY			E C							
			\ \frac{1}{2}			05 MA	Y-2 P	M 4: 5	53	
Principal Place of Business Mailing Address						SECTION	- TAUV M	et ota:	T: !-	
11098 BISCAYNE BLVD   STE 403		C/O LARREA & ORTEGA 2300 CORAL WAY STE 111				TALLA	:TARY OF HASSEE,	EL OD.	1 E 10 A	
MIAMI, FL 33161 US		MIAMI, FL 33145 US			1 10 minute of		INDULL,	LON	IUA	
Principal Place of Business										
1260 100 th Street						E 1010.0 (J) # 31030 01101 0114 1	AIDIE DIQJE BIÇJE BI	8   8  <u>8</u>    <b>8</b>   8		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		04262005	Chg-P	CR2E034	(10/03)			
City & Stat	Haibor, FL	City & State			4. FEI Numb 65-012				plied For t Applicable	
33 15	Country Zip Country				5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent						
DADE CODDODATE CERVICE INC				Name						
DADE CORPORATE SERVICE, INC 2300 CORAL WAY				Street Address (P.O. Box Number is Not Acceptable)						
STE 101 MIAMI, FL 33145										
			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										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
FILE NOWIII FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be										
	ay 1, 2005 Fee will be \$550.0	Trust Fund Contri	ibution.	☐ Add	led to Fees					
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFFIC	CERS AND DI	RECTORS	IN 11	
TITLE	PD	☐ Defete	TITLE				X	Change	☐ Addition	
NAME STREET ADDRESS	SINAI, JOSE MR 11098 BISCAYNE BLVD., SUITE 403			ss 12.6	0 1004	Street				
CITY-ST-ZIP	MIAMI, FL 33161			Bau		FL 3315	J			
ŦITLE	VSD	☐ Delete	TITLE		4	, ,	<u> </u>	Change	☐ Addition	
NAME	IASLOVITS, LAUREN MS			1710	n moth	Strand				
STRUET ADDRESS, CITY-ST-ZIP	11098 BISCAYNE BLVD., SUITE 403 STRE MIAMI, FL 33161			ss 126	المصلاحية	or, FL 331	cu			
TITLE	VTD	Delete	TITLE	100	1 1911	01/1200		Change	☐ Addition	
NAME	SINAI, DAVID MR	NAME			<b>a</b> . 1	/\				
STREET ADDRESS CITY-ST-ZIP				ss   12 (4	o looth	Shod , FL 33154				
TITLE	IVIIAVII, FL 33101	□ Delete	CITY-\$T-ZIP	Da	4 Haiboi	, FC 33/54		] Change	Addition	
NAME		Li Desete	NAME				_	, orango		
STREET ADDRESS			STREET ADDR	SS						
CITY-ST-ZIP TITLE		☐ Delete	CITY-ST-ZIP					] Change	☐ Addition	
NAME		LI Ociate	NAME			000540				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRI	SS	05/0	000540 6/0501054	019	**158	. 75	
IIILE		☐ Delete	TITLE				C	Change	Addition	
NAME Street address			NAME Street Addri							
CITY-ST-ZIP			CITY-ST-ZIP	<i>9</i> 33	LKI2					
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 cath; that I am an officer or director of the composition of the receiver or trustee emonwhered to execute this composition of the receiver or trustee emonwhered to execute this composition of the receiver or trustee emonwhered to execute this composition of the receiver or trustee emonwhered to execute this composition of the receiver of trustee emonwhered to execute this composition of the receiver or trustee emonwhered to execute this composition of the receiver or trustee emonwhered to execute this composition of the receiver or trustee emonwhered to execute this composition of the receiver of the										
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 attachmen with an address, with all other like empowered.										
SIGNATURE: JOSE SIN A1 427/65 35 891 3300  SIGNATURE: Date Phone P										