

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # M27215

1. Entity Name
SIVAN, INC.



Principal Place of Business 801 SW 138 AVE E-412 PEMROKE PINES, FL 33027	Mailing Address 801 SW 138 AVE E-412 PEMROKE PINES, FL 33027
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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03192007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2690049	Applied For <input type="checkbox"/> Not Applicable						
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required						
<table border="1"> <tr> <th>6. Name and Address of Current Registered Agent</th> <th>7. Name and Address of New Registered Agent</th> </tr> <tr> <td rowspan="4"> UNGER, IRENE 801 SW 138 AVE E 412 PEMBROKE PINES, FL 33027 </td> <td>Name</td> </tr> <tr> <td>Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td>City FL Zip Code</td> </tr> </table>		6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	UNGER, IRENE 801 SW 138 AVE E 412 PEMBROKE PINES, FL 33027	Name	Street Address (P.O. Box Number is Not Acceptable)	City FL Zip Code
6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent						
UNGER, IRENE 801 SW 138 AVE E 412 PEMBROKE PINES, FL 33027	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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P UNGER, IRENE 801 SW 138 AVE E-412 PEMBROKE PINES, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROTENSTEIN, RIKI G 801 SW 138 AVE E-412 PEMBROKE PINES, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000677979 04/02/07-80014-023 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ **3/23/07 954 437**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #