## 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# M27215

Entity Name: SIVAN, INC.

FILED Jun 27, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 801 SW 138 AVE E-412 PEMROKE PINES, FL 33027 **Current Mailing Address: New Mailing Address:** 801 SW 138 AVE E-412 PEMROKE PINES, FL 33027 FEI Number: 59-2690049 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: UNGER, IRENE 801 SW 138 AVE E 412 PEMBROKE PINES, FL 33027 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition UNGER, IRENE, UNGER, IRENE Name: Name: 801 SW 138 AVE E-412 801 SW 138 AVE E-412 Address: Address: City-St-Zip: PEMBROKE PINES, FL 33027 City-St-Zip: PEMBROKE PINES, FL 33027 Title: Title: () Delete (X) Change ( ) Addition ROTENSTEIN, RIKI G UNGER, ARI Y Name: Name: 801 SW 138 AVE E-412 5806 BUTTONWOOD COURT Address: Address: PEMBROKE PINES, FL 33027 MONMOUTH JUNCTION, NJ 08852 City-St-Zip: City-St-Zip: Title: (X) Delete Title: () Change () Addition GALBUT, GITA S Name: Name: 4730 NORTH BAY ROAD Address: Address: City-St-Zip: MIAMI, FL 33140 City-St-Zip: Title: (X) Delete Title: () Change () Addition DAYAN, MELANIE Name: Name: Address: 2180 NORTH EAST 198 TERACE Address: City-St-Zip: NMB, FL 33179 City-St-Zip: Title: (X) Delete Title: () Change () Addition REIBMAN, MINDY R Name: Name: 6667 NORH WEST 24 TERACE Address: Address: City-St-Zip: BOCARATON, FL 33496 City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: UNGER, ARI Y Name: 5806 BUTTONWOOD COURT Address: Address: City-St-Zip: City-St-Zip: MONMOUTH JUNCTION, NJ 08852

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRENE UNGER P 06/27/2008