

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000076799	
1. Entity Name SIDEL INTERNATIONAL SERVICE CORP.	

Principal Place of Business 10250 SW 56 ST SUITE A-203 MIAMI, FL 33165	Mailing Address 10250 SW 56 ST SUITE A-203 MIAMI, FL 33165
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2729542	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ESCOBAR, DORIS 10250 SW 56 ST SUITE A-203 MIAMI, FL 33165	
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**DO NOT WRITE
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. I am familiar with, and accept the obligations of registered agent.

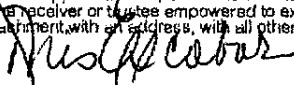
SIGNATURE _____ Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when terminating)	DATE _____
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FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added To Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	DP DELGADILLO, HERNAN 10250 SW 56 ST SUITE A-203 MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST- ZIP	DS ESCOBAR, DORIS 10250 SW 56 ST SUITE A-203 MIAMI, FL 33165
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UD0000293334
04/11/05-80102-021 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DORIS ESCOBAR	Date: 4/7/05 305-270-8152
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	