

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90046 040 \*\*\*150.00

<b>DOCUMENT # P00000089376</b>					
<b>1. Entity Name</b> PROVIDIA, INC.					
<b>Principal Place of Business</b> 11046 S.W. 154 CT MIAMI, FL 33196 US			<b>Mailing Address</b> 11046 S.W. 154 CT MIAMI, FL 33196 US		
<b>2. Principal Place of Business</b> 8081 S.W. 158 AVE Suite, Apt. #, etc.		<b>3. Mailing Address</b> 8081 SW 158 AVE Suite, Apt. #, etc.			
<b>City &amp; State</b> MIAMI, FLORIDA Zip 33193 Country USA		<b>City &amp; State</b> MIAMI, FLORIDA Zip 33193 Country USA		<b>4. FEI Number</b> 65-1042385	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
<b>6. Name and Address of Current Registered Agent</b> PERRY, GREGORY 11046 SW 154 CT MIAMI, FL 33196			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 8081 SW 158 AVENUE City MIAMI FL Zip Code 33193		
<b>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.</b> SIGNATURE:  DATE: 3/1/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PERRY, GREGORY 11046 SW 154 CT MIAMI, FL 33196	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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<b>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 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.</b>					
<b>SIGNATURE:</b> <b>PRESIDENT</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/1/04 305-388-6449 <small>Date Daytime Phone #</small>		