2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000046610

1. Entity Name
SAIM ORCHIDS, INC.

Principal Place of Business

2300 GULF BLVD.
UNIT #4
INDIAN ROCKS BEACH, FL 33785

Mailing Address

2300 GULF BLVD.
UNIT #4
INDIAN ROCKS BEACH, FL 33785

DO NOT WRITE IN THIS SPACE

02112004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3729791	Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LUEVITOOLVETCHKIJ, SUREEPORN
1 WOODRUSH BLVD.
APT 30
INDIAN ROCKS BEACH, FL 33785

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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 NOW!!! FEE IS $150.00 **After May 1, 2004 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   **OFFICERS AND DIRECTORS**

TITLE	P
NAME	LUEVITOOLVETCHKI, SUREEPORN
STREET ADDRESS	1 WOODRUSH BLVD APT 30
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785

TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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03/04/04-80016-011 150.00

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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.

SIGNATURE: _S. Luevhu_   3/2/04   722-903-2293

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #