2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 23, 2003 8:00 am Secretary of State

Principal Place of Qualities 1285 BECATNE BLVD STE 202 129	DOCUMENT # P02000014126 1. Entity Name SIAYP CORPORATION				04-30-2003 90045 036		
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City FL Zip Code 8. The above named entity-dustrifying statement far the purpose of changing its registered difice or registered agent, or both. In the State of Florida. I am familiar with and accept the obligations of repdispling dates. Signature	12955 BISCAYNE BLVD STE 202						
8. The above named entity supprofysips statement far that purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of repdisper agests. SIGNATURE Common Typewor prynor farm of ingularity flows not titled illinoidasis. PASE Registered Agent signature required when retrievaling) DATE FILE NOWN!! FEE IS \$150.00	N MIAMI FL 33181			City	El Zi:	o Code	
SIGNATURE STEEL NOW!!! FEE IS \$150.00 S. Election Campaign Financing Trust Fund Contribution. Added to Fees Addition					ሮፌ ያ ነ	1	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee Will be \$550.00 Make Creck Payable to Florida, Department of State 10.							
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Cacck Payable to Florida, Department of State 10.	SIGNATURE						
TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees						
STREET ADDRESS CITY-ST-ZIP NMAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	10.		IRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIREC		
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CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 gath; that I am an officer or director	NAME STREET ADDRESS CITY-ST-ZIP	sertify that the information stronlind with the		NAME STREET ADDRESS CITY-ST-ZIP			

of the corporation or the receiver or Irustee 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 enderso, with all other like empowered.