

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000047034

FILED
Apr 14, 2008
Secretary of State

Entity Name: SINA CONSULTING TEAM CORP.

Current Principal Place of Business:

15560 MCGREGOR BLVD.
UNIT # 8
FORT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

5109 DEL PRADO BLVD.
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: 02-0605918

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARTEL, VIOLA
5109 DEL PRADO BOULEVARD
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

COLLINS, VIOLA
5109 DEL PRADO BOULEVARD
CAPE CORAL, FL 33904 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: VIOLA COLLINS

04/14/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: LISCHKA, MICHAEL
Address: RIETERSTR. 6
City-St-Zip: NUERNBERG/GERMANY, D 90419

Title: VTS () Delete
Name: LISCHKA, TANJA
Address: RIETERSTR. 6
City-St-Zip: NUERNBERG/GERMANY, D 90419

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHAEL LISCHKA

P/D

04/14/2008

Electronic Signature of Signing Officer or Director

Date