

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


APPROVED
AND
FILED

03 MAR 31 AM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P02000094457	
1. Entity Name SIANA TRADING CO.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5 ISLAND AVE.		3. Mailing Address SAME	
Suite, Apt. #, etc. SUITE 15C		Suite, Apt. #, etc.	
City & State MIAMI BEACH, FL		City & State	
Zip 33139	Country USA	Zip	Country

4. FEI Number 06-1646560	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent	
Name Spiegel & Utrera, P.A.	
Street Address (P.O. Box Number is Not Acceptable) 1840 Coral Way, 4th Floor	
City MIAMI	FL Zip Code 33145

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 _____ (NOTE: Registered Agent signature required when restate) DATE _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT PETRA HINKE 5 ISLAND AVE., SUITE 15C MIAMI BEACH, FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY PETRA HINKE 5 ISLAND AVE., SUITE 15C MIAMI BEACH, FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200018476392 05/08/03--01015--016 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN PETRA HINKE 5 ISLAND AVE., SUITE 15C MIAMI BEACH, FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Petra Hinke</i>	9/26/03	305-266-9090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

CR2E0348 (12/02)