


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000009493</b>	
1. Entity Name <b>SIRIUS ENTERPRISE CORPORATION</b>	

Principal Place of Business <b>9745 SUNSET DRIVE SUITE 201 MIAMI, FL 33173-4649</b>	Mailing Address <b>9745 SUNSET DRIVE SUITE 201 MIAMI, FL 33173-4649</b>
--	--



02112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>14-1876496</b>	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent  <b>FERNANDEZ, JAIME 9745 SUNSET DRIVE STE 201 MIAMI, FL 33173</b>
--

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U00000249078 03/02/05-80052-024 150.00</b>
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MELLO, STELA 9745 SUNSET DRIVE SUITE 201 MIAMI, FL 331734649</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 my address, with all other like empowered.

**SIGNATURE:** Stela Mello **STELA MELLO** 2/9/05 **305-477-7027**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
*President*