## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Mar 12, 2004 8:00 am Secretary of State 02-18-2004 90019 026 \*\*\*150.00

DOCUMENT # P03000021155  1. Entity Name SIEDOW HOMEOWNERS SERVICES, INC.						DDANANTA								
Principal Place of Business Malling Address						<u> </u>	1		001000					
391 S.E. 12TH STREET 391 S.E. 12TH STREET POMPANO BEACH, FL 33060-9218 POMPANO BEACH, FL 3						9218								
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2. Principal Place of Business			3. Mail	ing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02092004	02092004 Chg-P CR2E034 (10/03)						
City & State			City & State				4. FEI Numb	4. FEI Number Applied For Not Applied For			<u> </u>			
Zip	Country		Zip Cou		Cour	ntry	5. Certificate	ate of Status Desired		Additional julred				
6. Name and Address of Current Registered Agent							7. Name and	Address of New Re			ゴ .			
:MEHMMOD, AMY						Name X A	THLEFI	Poulin	1- SIED	0 W				
7190 S.W. 14TH STREET						Street Address	(P.O. Box Numb	er is Not Acceptable)		·	7			
PEMBROKE PINES, FL 33023						20		18TH ST			7			
						City 17	<u> </u>	18 · · · · · · · ·	4 =	Code				
A The above	named of	v cultimite this statem • for	the our	one of channing its	conietac	ad office or register	0 9 ND 1	DEACH		3060	_			
4. The above named offitty 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 outsidations of registered agent.														
SIGNATURE Struty La Speed or partied name of regulated again and till of applicable. (NOTE: Registered Against organization organization)  DATE														
FIL After M	E NOW!!! ay 1, 200	FEE IS \$150.00 4 Fee will be \$550.		9. Election Campa Trust Fund Con		i.00 May Be ded to Fees	-	· ,,		7				
10.	<del></del>	OFFICERS AND		RS	I 11.		- ADDITIONS	/CHANGES TO OFFI	CERS AND DIRECT	ORS IN 11	<u> </u>			
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12. Thereby 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 oath; that I am an officer or director of the corporation or the receiver of 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 great attachment with an address, with all other like empowered.														
SIGNAT	URE	Mundler 1	eul	SIGNATURE: NOTher Peulin-Seeden 2/27/04 954-781-4991										