



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90191 023 ***150.00

DOCUMENT # P03000084023 1. Entity Name SIR FINANCIAL GROUP, INC.					
Principal Place of Business 1020 N VENTIAN DRIVE MIAMI, FL 33139			Mailing Address 1020 N VENTIAN DRIVE MIAMI, FL 33139		
2. Principal Place of Business 1020 N. VENETIAN DRIVE Suite, Apt. #, etc.		3. Mailing Address 1020 N. VENETIAN DRIVE Suite, Apt. #, etc.			
City & State		City & State		01092006 Chg-P CR2E034 (11/05)	
Zip Country		Zip Country		4. FEI Number 30-0196089	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410			7. Name and Address of New Registered Agent Name: <u>Ronald Robbins</u> Street Address (P.O. Box Number is Not Acceptable) <u>1020 N. Venetian Drive</u> City: <u>Miami, FL</u> Zip Code: <u>33139</u>		
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: <u>[Signature]</u> DATE: <u>01/09/06</u> <small>Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: D <input type="checkbox"/> Delete NAME: <u>ROBBINS, RONALD</u> STREET ADDRESS: <u>1020 N VENTIAN DRIVE</u> CITY-ST-ZIP: <u>MIAMI, FL 33139</u>			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <u>RONALD</u> STREET ADDRESS: CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 an address with all other like empowered.					
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>01/09/06</u> Daytime Phone #: <u>3053455165</u>		