
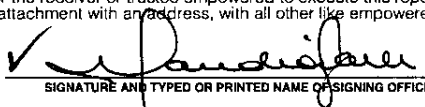


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90066 048 \*\*\*150.00

<b>DOCUMENT # P03000089318</b> 1. Entity Name CLAUDIA SAIDE, INC.																													
Principal Place of Business 10133 182ND LANE SOUTH BOCA RATON, FL 33498			Mailing Address <del>10133 182ND LANE SOUTH</del> <del>BOCA RATON, FL 33498</del>																										
2. Principal Place of Business 1161 NW 13 ST Suite, Apt. #, etc. 4			3. Mailing Address 1161 NW 13 ST Suite, Apt. #, etc. 4																										
City & State BOCA RATON, FL Zip 33486			City & State BOCA RATON, FL Zip 33486																										
Country US			Country US																										
4. FEI Number 20-0154047			Applied For Not Applicable																										
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required																										
6. Name and Address of Current Registered Agent SAIDE, CLAUDIA 10133 182ND LANE SOUTH BOCA RATON, FL 33498			7. Name and Address of New Registered Agent Name SAIDE, CLAUDIA Street Address (P.O. Box Number is Not Acceptable) 1161 NW 13 ST #4 City BOCA RATON, FL Zip 33486																										
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:  DATE: 03-01-2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PSTD SAIDE, CLAUDIA</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SAIDE, CLAUDIA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10133 182ND LANE SOUTH</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOCA RATON, FL 33498</td> <td></td> </tr> </table>			TITLE	PSTD SAIDE, CLAUDIA	<input type="checkbox"/> Delete	NAME	SAIDE, CLAUDIA		STREET ADDRESS	10133 182ND LANE SOUTH		CITY-ST-ZIP	BOCA RATON, FL 33498		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PSTD SAIDE, CLAUDIA</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>SAIDE, CLAUDIA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1161 NW 13 ST #4</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOCA RATON, FL 33486</td> <td></td> </tr> </table>			TITLE	PSTD SAIDE, CLAUDIA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	SAIDE, CLAUDIA		STREET ADDRESS	1161 NW 13 ST #4		CITY-ST-ZIP	BOCA RATON, FL 33486	
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.																													
SIGNATURE: 			03-01-2004 (954) 415-3589																										
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #																										