


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90252 033 ***150.00

DOCUMENT # P03000102870

1. Entity Name
SIDARTA CORP



Principal Place of Business
 2100 WEST 76TH STREET
 401
 HIALEAH, FL 33016

Mailing Address
 2100 WEST 76TH STREET
 401
 HIALEAH, FL 33016

94072743



2. Principal Place of Business
17140 Arvida Parkway

3. Mailing Address
17140 Arvida Parkway

Suite, Apt. #, etc.
4

04242004 Chg-P CR2E034 (10/03)

City & State
WESTON, Florida

City & State
WESTON, Florida

Zip
33326

Country
USA

4. FEI Number
Applied for

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOCOLSKY, ADRIAN I
 2100 WEST 76TH STREET
 401
 HIALEAH, FL 33016

7. Name and Address of New Registered Agent

Name *Leslie J. FREEDMAN*

Street Address (P.O. Box Number is Not Acceptable)
17140 Arvida Parkway, Suite 4

City *WESTON* FL Zip Code *33326*

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 *Leslie J. Freedman* DATE *4/24/04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE	P/S	<input checked="" type="checkbox"/> Delete
NAME	SOCOLSKY, ADRIAN I	
STREET ADDRESS	2100 WEST 76TH STREET	
CITY-ST-ZIP	HIALEAH, FL 33016	
TITLE	<i>P/S/T/D</i>	<input type="checkbox"/> Delete
NAME	<i>Eduardo Lipschitz</i>	
STREET ADDRESS	<i>17140 Arvida Parkway, Suite 4</i>	
CITY-ST-ZIP	<i>WESTON, FL 33326</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* Date *April 24th 2004* Daytime Phone # *954-389-8780*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR