

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-11-2004 90001 044 ***158.75

66402636



MOORE CR2E034 (11/03)

DOCUMENT # P03000103718 1. Entity Name SEQUOIA AYANNA INC.																																					
Principal Place of Business 6230 NW 12TH ST SUNRISE FL 33313			Mailing Address 6230 NW 12TH ST SUNRISE FL 33313																																		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 190088 Suite, Apt. #, etc.																																			
City & State Zip		City & State FT. LAUDERDALE, FLORIDA Zip 33319		Country U.S.A																																	
4. FEI Number 42-1555001				Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent CUNNINGHAM, RAYMOND F 6230 NW 12TH ST SUNRISE FL 33313																																	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																																	
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 70%;"> <div> <div><input type="checkbox"/> Delete</div> CEO RAYMOND F. CUNNINGHAM 6230 NW 12TH STREET SUNRISE, FLORIDA 33313 </div> </td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 70%;"> <div> <div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> </div> </td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> </div> </div>						TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <div><input type="checkbox"/> Delete</div> CEO RAYMOND F. CUNNINGHAM 6230 NW 12TH STREET SUNRISE, FLORIDA 33313 </div>															TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> </div>														
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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. <div style="display: flex; justify-content: space-between;"> <div> SIGNATURE: <u>Raymond F. Cunningham</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div> 2/6/2004 <small>Date</small> </div> <div> (954) 783-2986 <small>Daytime Phone</small> </div> </div>																																					