


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90045 020 \*\*\*150.00

<b>DOCUMENT # P03000118473</b>	
1. Entity Name <b>SIBLING, INC.</b>	

Principal Place of Business <b>2199 PONCE DE LEON BOULEVARD SUITE 301 CORAL GABLES, FL 33134 US</b>	Mailing Address <b>2199 PONCE DE LEON BOULEVARD SUITE 301 CORAL GABLES, FL 33134 US</b>
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**94016372**



2. Principal Place of Business <b>8405 NW, 53 ST Suite, Apt. #, etc. C-102</b>	3. Mailing Address <b>8405 NW, 53 ST Suite, Apt. #, etc. C-102</b>
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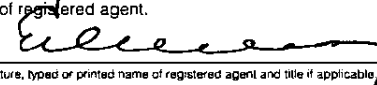
01212004 Chg-P CR2E034 (10/03)

City & State <b>Miami, FL</b>	City & State <b>Miami, FL</b>	4. FEI Number <b>01-0800672</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33166</b>	Country <b>U.S.A.</b>	Zip <b>33166</b>	Country <b>USA</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>STEWART AGENT SERVICES 2199 PONCE DE LEON BOULEVARD SUITE 301 CORAL GABLES, FL 33134</b>	
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7. Name and Address of New Registered Agent Name <b>LUIS E. LOPEZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>8405 NW, 53 ST C-102</b> City <b>Miami</b> FL Zip <b>33166</b>	
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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 <b>2/12/04</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P DESOLA, PATRICIA 2199 PONCE DE LEON BOULEVARD, SUITE 301 CORAL GABLES, FL 33134</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE: 	DATE <b>2/12/04</b>	DAYTIME PHONE # <b>(305) 594-4488</b>
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