

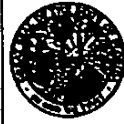
**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2005 8:00 am
Secretary of State

02-10-2005 90038 038 ***150.00

DOCUMENT # P04000124066

1. Entity Name
SIDE HOLDINGS, INC.



Principal Place of Business
**10125 NW 87 AVENUE
MEDLEY, FL 33178**

Mailing Address
**10125 NW 87 AVENUE
MEDLEY, FL 33178**

66005481



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01282005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

20-1553508

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BELLO, ALBERTO E
10125 NW 87 AVENUE
MEDLEY, FL 33178**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, agent or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when substituting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☐ Delete
NAME	BELLO, ALBERTO E	
STREET ADDRESS	10125 NW 87 AVENUE	
CITY-STATE-ZIP	MEDLEY, FL 33178	
TITLE	V	☐ Delete
NAME	BELLO, DANIEL A	
STREET ADDRESS	10125 NW 87 AVENUE	
CITY-STATE-ZIP	MEDLEY, FL 33178	
TITLE	ST	☐ Delete
NAME	BELLO, SYLVIA	
STREET ADDRESS	10125 NW 87 AVENUE	
CITY-STATE-ZIP	MEDLEY, FL 33178	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		☒ Change ☐ Addition
NAME	14171 Leaning Pine Drive	
STREET ADDRESS	MIAMI LAKES, FL 33014	
CITY-STATE-ZIP		
TITLE		☒ Change ☐ Addition
NAME	14171 Leaning Pine Drive	
STREET ADDRESS	MIAMI LAKES, FL 33014	
CITY-STATE-ZIP		
TITLE		☒ Change ☐ Addition
NAME	14171 Leaning Pine Drive	
STREET ADDRESS	MIAMI LAKES, FL 33014	
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Date

Daytime Phone #

2/4/05 305-885-5229