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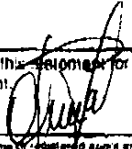
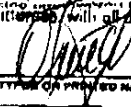
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CHICOS

04/26/07 16:08

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT****FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90108 041 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                              |         |                                                                                                                                            |                                                                                   |  |
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| <b>DOCUMENT # P05000105874</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                              |         |                                                                                                                                            |  |  |
| 1. Entity Name<br><b>SIEMPRE FIEL, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                              |         |                                                                                                                                            |                                                                                   |  |
| Principal Place of Business<br><b>5740 WINKLER ROAD<br/>FORT MYERS, FL 33919</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                              |         | Mailing Address<br><b>5740 WINKLER ROAD<br/>FORT MYERS, FL 33919</b>                                                                       |                                                                                   |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                              |         | 3. Mailing Address                                                                                                                         |                                                                                   |  |
| Suite, Apt. #, etc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                              |         | Suite, Apt. #, etc                                                                                                                         |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                              |         | City & State                                                                                                                               |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                              | Country |                                                                                                                                            | Zip                                                                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                              |         |                                                                                                                                            |                                                                                   |  |
| 4. FEI Number<br><b>20-3290207</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                              |         |                                                                                                                                            | Applied for<br><input type="checkbox"/> Not Applicable                            |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                              |         |                                                                                                                                            | <b>\$8.75 Additional Fee Required</b>                                             |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                              |         |                                                                                                                                            |                                                                                   |  |
| <b>PERERA, DOMINGO<br/>5740 WINKLER ROAD<br/>FORT MYERS, FL 33919</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                              |         |                                                                                                                                            |                                                                                   |  |
| 7. Name and Address of New Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                              |         |                                                                                                                                            |                                                                                   |  |
| Name <b>Osmayda Perera</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                              |         |                                                                                                                                            |                                                                                   |  |
| Street Address (P.O. Box Number is not acceptable)<br><b>5740 Winkler Rd</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                              |         |                                                                                                                                            |                                                                                   |  |
| City <b>Fort Myers</b> FL Zip Code <b>33919</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                              |         |                                                                                                                                            |                                                                                   |  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                              |         |                                                                                                                                            |                                                                                   |  |
| (NOTE: Registered Agent's signature required when registering)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                              |         |                                                                                                                                            |                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$650.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                              |         | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                      |                                                                                   |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                              |         |                                                                                                                                            |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | D<br>PERERA, DOMINGO<br>5740 WINKLER ROAD<br>FORT MYERS, FL 33919 <input checked="" type="checkbox"/> Delete |         | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                      |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | D<br>Osmayda Perera<br>5740 Winkler Rd<br>Fort Myers FL 33919 <input type="checkbox"/> Delete                |         | D<br>Osmayda Perera<br>5740 Winkler Rd<br>Fort Myers FL 33919 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                              |         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                          |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                              |         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                          |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                              |         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                          |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                              |         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                          |                                                                                   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 and force under oath, that I, with all officers or directors of the corporation or the supervisor or principal officer of the corporation, and that my signature shall be required by Chapter 117, Florida Statutes, and that my name appears in Block 10 or Block 11 of this report. |                                                                                                              |         |                                                                                                                                            |                                                                                   |  |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                              |         |                                                                                                                                            |                                                                                   |  |
| SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                              |         |                                                                                                                                            |                                                                                   |  |

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