

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000017218

1. Entity Name
SIOR EXPORT CORP



Principal Place of Business
10613 NW 57ST
MIAMI, FL 33178

Mailing Address
10613 NW 57ST
MIAMI, FL 33178

FILED

08 APR 14 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04052008 No Chg-P CR2E034 (11/05)

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4. FEI Number
20-4453938

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ACA WORLDWIDE CORP.
10613 NW 57ST
MIAMI, FL 33178

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IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
RIVERO NIEVES, RAFAEL
10613 NW 57ST
MIAMI, FL 33178

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
RIVERO IRIBARREN, RAFAEL
10613 NW 57ST
MIAMI, FL 33178

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

07/4/14

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000119271420
03/17/08--01030--022 **87.50

04/14/08--01049--001 **62.50

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IN THIS SPACE**

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 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 officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/06/08 (786)553-7204

Date

Daytime Phone #