


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90384 040 ***150.00

DOCUMENT # P07000090385 1. Entity Name SIC 98, INC.																											
Principal Place of Business 10520 NW 26 ST. C-201 MIAMI, FL 33172		Mailing Address 10520 NW 26 ST. C-201 MIAMI, FL 33172																									
2. Principal Place of Business - No P.O. Box # 10520 NW 26 ST. Suite, Apt. #, etc. C 201 City & State Doral, FL. Zip 33172 Country U.S.		3. Mailing Address 10520 NW 26 St. Suite, Apt. #, etc. C 201 City & State Doral, FL. Zip 33172 Country U.S.																									
4. FEI Number 65-1318411		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04212008 Chg-P CR2E034 (12/06)																									
6. Name and Address of Current Registered Agent CABANAS, JOSEPH F CABANAS & ASSOCIATES, P.A. 10520 NW 26TH ST., SUITE C201 DORAL, FL 33172		7. Name and Address of New Registered Agent 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 _____ (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 <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D GARRIDO, JOSE ALVAREZ</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>10520 NW 26 ST. C-201</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>MIAMI, FL 33172</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	D GARRIDO, JOSE ALVAREZ	<input type="checkbox"/> Delete	NAME	10520 NW 26 ST. C-201		STREET ADDRESS	MIAMI, FL 33172		CITY-ST-ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D Alvarez Garrido, Jose</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>10520 NW 26 St. - C 201</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Doral, FL. 33172</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	D Alvarez Garrido, Jose	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	10520 NW 26 St. - C 201		STREET ADDRESS	Doral, FL. 33172		CITY-ST-ZIP		
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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 like empowered.																											
SIGNATURE <u>Jose Alvarez Garrido</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>4/21/08</u> Daytime Phone # <u>(305) 513 3639</u>																									

Jose Alvarez Garrido