

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P31075

1. Name
SI AN CORPORATION AKTIENGESSELLSCHAFT



Place of Business
KEVIN M BURNS & ASSOCIATES P.A.
4507 SE 16TH PLACE
CAPE CORAL, FL 33904 US

Mailing Address
KEVIN M BURNS & ASSOCIATES P.A.
4507 SE 16TH PLACE
CAPE CORAL, FL 33904 US



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
98-0104887 ☐ **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent

AY S. ROBERT J.
35 SE 18TH AVE
C/ CORAL, FL 33904

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8. 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 obligations of registered agent.

SIC **1000** **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
May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be**
Added to Fees

000000397473
01/30/06-80051-016 150.00

10. OFFICERS AND DIRECTORS

TITU PD
NAM RIGGENBACH, ANDREAS, DR.
STRE ENGELGASSE 102, 4042
CITY BASLE, SWITZERLAND,

TITU V
NAM MARXER, PETER, DR.
STRE HEILIGKREUZ 6, 9490
CITY VADUZ, LEICHTENSTEIN,

TITU D
NAM GOOP, PETER, DR.
STRE POSTFACH 484
CITY FURSTENTUN, LEICHTENS,

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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 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 signed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Andreas Riggenschach PRES ANDREAS RIGGENBACH* **1/15/06 (239) 549-1148**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone if**