


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90023 029 ***150.00

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DOCUMENT # P92000007288					
1. Entity Name SIDALCO, INC.					
Principal Place of Business 8358 WEST OAKLAND PARK BLVD. SUITE 102 SUNRISE, FL 33351 US			Mailing Address 8358 WEST OAKLAND PARK BLVD. SUITE 102 SUNRISE, FL 33351 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0370876	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AZIZ, ALI 8358 WEST OAKLAND PARK BLVD SUITE 102 SUNRISE, FL 33351				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, 2006 Fee will be \$550.00					
9. Election Campaign Financing \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	PDT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALI, AZIZ PD		NAME		
STREET ADDRESS	8358 WEST OAKLAND PARK BLVD. SUITE 102		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE, FL 33351		CITY-ST-ZIP		
TITLE	VDS	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALI, RAMZEY VD		NAME	RAMZEY, ALI	
STREET ADDRESS	8358 WEST OAKLAND PARK BLVD., SUITE 102		STREET ADDRESS	8358 West Oakland Park Blvd. Suite 102	
CITY-ST-ZIP	SUNRISE, FL 33351		CITY-ST-ZIP	Sunrise FL 33351	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	YAZMIN ALI	
STREET ADDRESS			STREET ADDRESS	8358 West Oakland Park, Suite 102	
CITY-ST-ZIP			CITY-ST-ZIP	Sunrise, FL 33351	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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><i>Ali, President</i></u> 2-13-06 954-801-6595					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					