2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000029976

1. Entity Name
SIDOR INVESTMENTS INC.

Principal Place of Business	Mailing Address
10841 S.W. 68TH DRIVE MIAMI, FL 33173	10841 S.W. 68TH DRIVE MIAMI, FL 33173

DO NOT WRITE IN THIS SPACE

01132006 No Chg-P CRZE034 (11/05)

4. FEI Number
65-0427611

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DELGADILLO, HERNAN
10841 S.W. 68TH DRIVE
MIAMI, FL 33173

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DELGADILLO, HERNAN E
STREET ADDRESS	10841 S.W. 68TH DR.
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	SD
NAME	QUINONES, DORIS
STREET ADDRESS	10841 S.W. 68TH DR.
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	VD
NAME	DELGADILLO, JAIME
STREET ADDRESS	20700 SPINNING WHEEL PL
CITY-ST-ZIP	GERMANTOWN, MD 20874
TITLE	TD
NAME	DE WOLFF, MARIA C
STREET ADDRESS	CALLE 85 NO. 9-21 APTO #201
CITY-ST-ZIP	BOGOTA, COLOMBIA,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000495803
04/21/06-80024-022 150.00

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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: Doris Quinones 4/4/06 305-379-5157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #