


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 15, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000064648**  
1. Entity Name  
**SERGIO DONIKIAN ENTERPRISES INC.**



Principal Place of Business      Mailing Address  
6305 WEST 18TH AVENUE      6305 WEST 18TH AVENUE  
HIALEAH, FL 33012              HIALEAH, FL 33012

**DO NOT WRITE IN THIS SPACE**



01102004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**65-0517218**      Not Applicable

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

6. Name and Address of Current Registered Agent  
  
DONIKIAN, SERGIO JR  
6305 WEST 18TH AVENUE  
HIALEAH, FL 33012

**DO NOT WRITE  
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 file # applicable. (NOTE: Registered Agent Signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DONIKIAN, SERGIO JR.
STREET ADDRESS	6305 WEST 18TH AVENUE
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

01/15/04 80004-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1-8-04**      Daytime Phone #: **305-822-7841**