2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # P98000039775 1. Entity Name SISPI CORP.								Feb 09, 2004 08:00 AM Secretary of State	
Principal Plac	e of Busines	S	Maßing	Address		 			
2730 WEST HIALEAH FI				2730 WEST 78TH ST HIALEAH FL 33016					
2. Principal P	Place of Busin	3. Mailı	3. Mailing Address				And the second s		
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				MOORE CR2E034 (11/03)	
City & Stat	te	City	City & State			4.	74–3063740 Applied For Not Applied For		
Zip Country			Zip	Zip Coun			5. Certificate of Status Desired See Required \$8.75 Additional Fee Required		
Name and Address of Current Registered Agent						Name	7.	Name and Address of New Registered Agent	
273	O WEST	78TH ST				Street Addres	ss (P.O. 6	Box Number is Not Acceptable)	
ПІА	LEARTE	33010							
D. The selection			£ 4b			<u> </u>		<u> </u>	
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	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Ove named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flonda. I am familiar with, and accept igations of registered agent. RE 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 Siter May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD RODRIGUEZ, MARCIAL 2730 WEST 78TH ST HIALEAH FL 33016 CITY-ST-ZIP Name Street Address (P.O. Box Number is Not Acceptable) FL Zip Code Ove named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Flonda. I am familiar with, and accept agent agent agent and title if applicable (NOTE Registered Agent signature required when reinstating) PATE 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees entity for the purpose of changing its registered agent, or both, in the State of Flonda. I am familiar with, and accept agent								
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Make Check Payable to Florida Department of State								Trust Fund Contribution. LI Added to Fees	
10.	1	OFFICERS AN	D DIRECTOR		_	· · ·	ĄĹ		
NAME STREET ADDRESS CITY-ST-ZIP	RODRIGUE 2730 WES	T 78TH ST		Li Delete	NAM STRE	EET ADDRESS		[_] Change _ Addition	
NTLE NAME STREET AODRESS CITY-ST-ZIP				☐ Delete	NAM STRE	ļ		U00000041511 □ Change □ Addition 02/09/04-80092-011 150.00	
TITLE NAME STREET ADDRESS GITY-ST-ZIP				□ Delete		1		☐ Change ☐ Additi	
TITLE NAME STREET AODRESS CITY+ST-ZIP				☐ Delete		!		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-	☐ Delete	E .			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	CITY	EET ADDRESS -ST-ZIP		☐ Change ☐ Addition	
12. I hereby indicated of the cor changed	certify that the found on this reportation or the formation or the formation or the formation or the formation and attention or the formation and attention attention and attention and attention attention and attention attention attention at the formation attention attention attention at the formation attention attent	e information supplied w rt or supplemental report he receiver or trustee em achment with an apdress	ith this filing is true and prowered to a with all other	does not qualify for ocurate and that n execute this report or like empowered.	the exe ny signa as requi	mption stated in ture shall have ti red by Chapter	Section he same 607, Flor	n 119.07(3)(i), Florida Statutes. I further certify that the information e legal effect as if made under oath, that I am an officer or director orlda Statutes, and that my name appears in Block 10 or Block 11	

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