


FILED P. 02/04
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT -1 AM 11:53

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000052982

1. Entity Name
POSEIDIS, INC.



Principal Place of Business 222 LAKEVIEW AVE STE 160-217 WEST PALM BEACH, FL 33401	Mailing Address 265 SUNRISE AVE STE 204 PALM BEACH, FL 33480
------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------



07122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0867538	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MINTMIRE, DONALD F
265 SUNRISE AVE, STE 204
PALM BEACH, FL 34480**

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.

600041562736
10/04/04--01021--016 **150.00

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

**FILE NOW!! FEE IS \$150.00
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARDAU DIT PARDO, LOUIS 222 LAKEVIEW AVENUE 180-217 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAYAGE, LUDDVIC 222 LAKEVIEW AVE. #160-217 WEST PALM BEACH, FL 33401 <i>RESIGNED</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ETIENNE, NORBERT 222 LAKEVIEW AVENUE 180-217 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BERNARD BOUVEROT 222 LAKEVIEW AV 160-217 WEST PALM BEACH FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ Date: **07/14/2004** Division Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15