2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000074894

Entity Name: SIDOC USA, INC.

Address:

City-St-Zip:

10821 SW 118 CT.

MIAMI, FL 33186

FILED Mar 08, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2103 CORAL WAY, STE 302 MIAMI, FL 33145 **Current Mailing Address: New Mailing Address:** 2103 CORAL WAY, STE 302 MIAMI, FL 33145 FEI Number: 65-0869502 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LOPEZ, GUSTAVO PIEDRA, AURELIO A 2103 CORAL WAY, STE 302 780 NW 42 AVENUE MIAMI, FL 33145 SUITE 516 MIAMI, FL 33126 US 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. SIGNATURE: AURELIO A PIEDRA 03/08/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition LOPEZ, GUSTAVO A Name: Name: 151 SE 15TH RD. APT 2001 Address: Address: City-St-Zip: MIAMI, FL 33129 OC City-St-Zip: Title: Title: () Delete () Change () Addition Name: MATALLANA RHODES, FRANCISCO J Name: 151 SE 15TH RD APT 2001 Address: Address: MIAMI, FL 33129 OC City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition LOPEZ, JUANITA Name: Name: 701 BRICKELL KEY BLVD PH6 Address: Address: City-St-Zip: MIAMI, FL 33131 City-St-Zip: Title: () Delete Title: () Change () Addition GUTER, PETERS Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: GUSTAVO LOPEZ PTD 03/08/2005