2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2005 8:00 am Secretary of State

04-27-2005 90335 017 ***150 00

1. Entity Name SDRC-HIDDEN, INC.									04-27-2005	90333 ()17 ***13	0.00
Principal Place of Business			Mailin	Mailing Address								
300 NW 12TH AVENUE MIAMI, FL 33128				300 NW 12TH AVENUE MIAM, FL 33128				1 (23)(43) (14)	: Big: i g	IBS (1851 8918) T	11 12 - 1115 - 1121 - 112	
2. Principal Place of Business			3. Mai	3. Mailing Address								
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				01262005	Chg-P	CR2E0	34 (10/03)	
City & State			City	City & State				4. FEI Number 65-0884			├	pplied For at Applicable
Zip	Zip Country		Žip	Zip Count			·	5. Certificate of	of Status Desired		\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent								7. Name and	Address of New F	Registered .	Agent	
MARTORA	IAR ONA					Name						
MARTORANO, SAL 300 N.W. 12TH AVE MIAMI, FL 33128						Street Address (P.O. Box Number is Not Acceptable)						
						City				FL	Zip Code	e
8. The above the obligat	named entiti ions of regis	y submits this statement tered agent.	for the purp	oose of changing its	register	ed office or	register	ed agent, or both	n, in the State of Fle	orida. I am	familiar with,	and accept
SIGNATURE												
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	E NOW!!! ay 1, 200	FEE IS \$150.00 <i>2</i> 5 Fee will be \$55	0.00	9. Election Campa Trust Fund Cont			\$5. Add	00 May Be ed to Fees				
10.		FEE IS \$150.00 2 5 Fee will be \$55 OFFICERS AN	0.00	Trust Fund Cont	tribution.				CHANGES TO OFF	FICERS AND		
	P		0.00	Trust Fund Cont	tribution.	· 0	\$5. Add		CHANGES TO OFF	FICERS AND	DIRECTORS Change	S IN 11
10.	P	OFFICERS AN	0.00	Trust Fund Cont	11. TITL NAM	· 0			CHANGES TO OFF	FICERS AND		
10. TITLE NAME	P DOMING 300 NW 1 MIAMI, FI	OFFICERS AN UEZ, AGUSTIN 12TH AVE	0.00	Trust Fund Cont	11, TITL NAM	E IE	DP		CHANGES TO OFF	FICERS AND		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P DOMING 300 NW 1 MIAMI, FI	OFFICERS AN UEZ, AGUSTIN 12TH AVE - 33128	0.00	Trust Fund Cont	11, THL NAM STRI CITY	E EET ADDRESS ST-ZIP			CHANGES TO OFF	FICERS AND		
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12. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. Flurther 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:

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/04/2005

(305)324-5505