

SENT BY: ACCOUNTING FIRM;

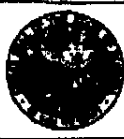
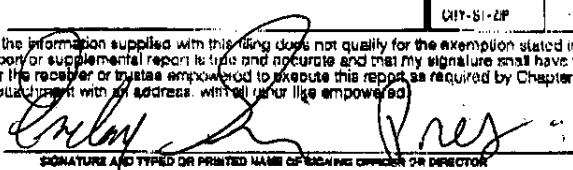
9544743839;

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**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90275 025 \*\*\*150.00

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |                                 |                                                                                                                 |                                                                                          |                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------|
| <b>DOCUMENT # P99000044088</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |                                 |                                                                                                                 |         |                                   |
| 1. Entity Name<br><b>SIERRA REPORTING, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |                                 |                                                                                                                 |                                                                                          |                                   |
| Principal Place of Business<br><b>13501 NW 5TH CT<br/>PLANTATION, FL 33325</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |                                 | Mailing Address<br><b>13501 NW 5TH CT<br/>PLANTATION, FL 33325</b>                                              |                                                                                          |                                   |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |                                 | 3. Mailing Address                                                                                              |                                                                                          |                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                                 | Suite, Apt. #, etc.                                                                                             |                                                                                          |                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      |                                 | City & State                                                                                                    |                                                                                          |                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Country              | Zip                             | Country                                                                                                         | 4. FCI Number<br><b>65-0842265</b>                                                       |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |                                 |                                                                                                                 | Applied For<br><input type="checkbox"/> Not Applicable                                   |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |                                 |                                                                                                                 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                                   |
| 6. Name and Address of Current Registered Agent<br><b>SIERRA, EVELIN<br/>13501 NW 5TH CT<br/>PLANTATION, FL 33325</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |                                 |                                                                                                                 | 7. Name and Address of New Registered Agent                                              |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |                                 |                                                                                                                 | Name                                                                                     |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |                                 |                                                                                                                 | Street Address (P.O. Box Number is Not Acceptable)                                       |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |                                 |                                                                                                                 | City                                                                                     |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |                                 |                                                                                                                 | FL Zip Code                                                                              |                                   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when re-stating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                                 |                                                                                                                 |                                                                                          |                                   |
| <b>FILE NOW!! FEE IS \$160.00<br/>After May 1, 2004 Fee will be \$250.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      |                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |                                                                                          |                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                           |                                                                                          |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | D                    | <input type="checkbox"/> Delete | TITLE                                                                                                           | <input type="checkbox"/> Change                                                          | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SIERRA, EVELIN       |                                 | NAME                                                                                                            |                                                                                          |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 13501 NW 5TH CT      |                                 | STREET ADDRESS                                                                                                  |                                                                                          |                                   |
| CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | PLANTATION, FL 33325 |                                 | CITY- ST- ZIP                                                                                                   |                                                                                          |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      | <input type="checkbox"/> Delete | TITLE                                                                                                           | <input type="checkbox"/> Change                                                          | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                 | NAME                                                                                                            |                                                                                          |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |                                 | STREET ADDRESS                                                                                                  |                                                                                          |                                   |
| CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      |                                 | CITY- ST- ZIP                                                                                                   |                                                                                          |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      | <input type="checkbox"/> Delete | TITLE                                                                                                           | <input type="checkbox"/> Change                                                          | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                 | NAME                                                                                                            |                                                                                          |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |                                 | STREET ADDRESS                                                                                                  |                                                                                          |                                   |
| CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      |                                 | CITY- ST- ZIP                                                                                                   |                                                                                          |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      | <input type="checkbox"/> Delete | TITLE                                                                                                           | <input type="checkbox"/> Change                                                          | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                 | NAME                                                                                                            |                                                                                          |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |                                 | STREET ADDRESS                                                                                                  |                                                                                          |                                   |
| CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      |                                 | CITY- ST- ZIP                                                                                                   |                                                                                          |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      | <input type="checkbox"/> Delete | TITLE                                                                                                           | <input type="checkbox"/> Change                                                          | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                 | NAME                                                                                                            |                                                                                          |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |                                 | STREET ADDRESS                                                                                                  |                                                                                          |                                   |
| CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      |                                 | CITY- ST- ZIP                                                                                                   |                                                                                          |                                   |
| 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 full power like empowered. |                      |                                 |                                                                                                                 |                                                                                          |                                   |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      |                                 | Date: <b>04/18/04</b> 954 335 0784                                                                              |                                                                                          |                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |                                 |                                                                                                                 |                                                                                          |                                   |

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01242004 Chg-P CR2E034 (10/03)