
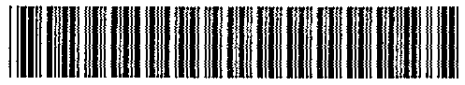


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V14991</b> 1. Entity Name <b>S.I.H. INTERNATIONAL, INC.</b>					
Principal Place of Business <b>485 NE 103 ST. MIAMI FL 33138 US</b>		Mailing Address <b>PO BOX 610926 MIAMI FL 33261-0926 US</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0319523</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	



1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent <b>HEGYESSY, ZOLTAN 485 NE 103 ST MIAMI FL 33138</b>				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P O. Box Number is Not Acceptable)				Street Address (P O. Box Number is Not Acceptable)	
City				City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution  **\$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 HEGYESSY, ZOLTAN	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEGYESSY, ZOLTAN	NAME	
STREET ADDRESS	485 NE 103 ST	STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	CITY - ST - ZIP	
U00000454083 03/14/06-80047-018 150.00			
TITLE	D <input type="checkbox"/> Delete HEGYESSY, MARY	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEGYESSY, MARY	NAME	
STREET ADDRESS	485 NE 103 ST	STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	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 exemptions contained in Section 119, 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:** Zoltan Hegyessy **MARCH 01-2006** 305/257-5968  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #