


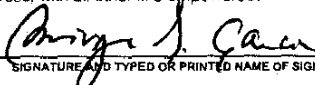
FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90039 027 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

64000024

DO NOT WRITE IN THIS SPACE

DOCUMENT # V20598			
1. Entity Name SIDONIA ENTERPRISES, INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 1714 FERDINAND ST Suite, Apt. #, etc.		3. Mailing Address 1714 FERDINAND ST Suite, Apt. #, etc.	
City & State CORAL GABLES, FL Zip 33134 Country		City & State CORAL GABLES, FL Zip 33134 Country	
4. FEI Number 65-0329852		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name MIREYA BABUN GARCIA			
Street Address (P.O. Box Number is Not Acceptable) 1714 FERDINAND ST			
City CORAL GABLES		FL Zip Code 33134	
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 _____			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
PVTSD GARCIA, MIREYA B 1714 FERDINAND STREET CORAL GABLES, FL 33134			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
D GARCIA, GONZALO 1714 FERDINAND STREET CORAL GABLES, FL 33134			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date Jan 15, 2004 Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034B (12/02)