## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## FILED Mar 24, 2005 08:00 AM Secretary of State DOCUMENT # V20598. SIDONIA ENTERPRISES, INC. Mailing Address Principal Place of Business 1714 FERDINAND ST 1714 FERDINAND ST CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 03212005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0329852 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE GARCIA, MIREYA BABUN 1714 FERDINAND ST CORAL GABLES, FL 33134 IN THIS SPACE 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. Signature, typod or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10, **PVTS** TITLE NAME GARCIA, MIREYA B STREET ADDRESS 1714 FERDINAND STREET \_\_\_U00000274927 U3/24/05-80030-019 150.00 CITY-ST-ZIP CORAL GABLES, FL 33134 TITLE GARCIA, MIREYA B NAME 1714 FERDINAND STREET STREET ADDRESS CORAL GABLES, FL 33134 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS.

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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.

ED NAME OF SIGNING DEFICER OR DIRECTOR

CITY-ST-ZIP

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