



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2004 08:00 AM
Secretary of State

DOCUMENT # V43441 1. Entity Name SIVA ENGINEERING, INC.			
Principal Place of Business 4520 NW 33 CT GAINESVILLE, FL 32606 US		Mailing Address 4520 N.W. 33 CT GAINESVILLE, FL 32606 US	
DO NOT WRITE IN THIS SPACE			
		01182004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-3128212	Applied For <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 KRUEGER, SCOTT D 2790 NW 43RD ST #200 GAINESVILLE, FL 32606		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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	PST SIVAKUMARAN, KANDIAH 4520 NW 33 CT GAINESVILLE, FL		
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.		DO NOT WRITE IN THIS SPACE	
SIGNATURE: <i>K. Sivakumaran</i> KANDIAH SIVAKUMARAN (352) 325-8710			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <i>1/18/04</i> Daytime Phone: _____	