

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 641392			
1. Entity Name SEFF, INC.			
Principal Place of Business 130 PALM AVE #5 JUPITER FL 33477		Mailing Address 130 PALM AVE #5 JUPITER FL 33477	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent JEFFERY RUDD 130 PALM AVE JUPITER FL 33458		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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)			



1st MOORE CR2E034 (10/05)

4. FEI Number **NO-T APPLICABLE** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

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 PD <input type="checkbox"/> Delete	NAME RUDD, JEFFREY	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS 130 PALM AVE #5	CITY-ST-ZIP JUPITER FL	STREET ADDRESS	02/10/06-80050-016 150.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE VD <input type="checkbox"/> Delete	NAME RUDD, SHAARI	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS 130 PALM AVE #5	CITY-ST-ZIP JUPITER FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE TD <input type="checkbox"/> Delete	NAME RUDD, SEYMOUR	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS 12727 SW 67 TERR.	CITY-ST-ZIP MIAMI FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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: _____ *1-30-06 561-373-2929*