


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # K41388
 1. Entity Name
SEGUTRONIC INTERNATIONAL INC.



| | |
|-------------------------------------------------------------------------|-------------------------------------------------------------|
| Principal Place of Business 1910 N.W. 84TH AVE MIAMI, FL 33126 US | Mailing Address 1910 N.W. 84TH AVE MIAMI, FL 33126 US |
|-------------------------------------------------------------------------|-------------------------------------------------------------|



01172004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 65-0080223 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GAMERO, CARLOS
 1910 N.W. 84TH AVE
 MIAMI, FL 33126

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: *[Signature]* CARLOS GAMERO 01/20/04
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|------------------------------------------------|----------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD GAMERO, CARLOS 1910 N.W. 84TH AVE MIAMI, FL 33126 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T GAMERO, LIVIA 1910 N.W. 84TH AVE MIAMI, FL 33126 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V GAMERO, NATALIE 1910 N.W. 84TH AVE MIAMI, FL 33126 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

100000012211
 01/23/04-80069-012 150.00

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: *[Signature]* CARLOS GAMERO 01/20/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #