

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 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



DO NOT WRITE IN THIS SPACE

04282006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0080223	Applied For Not Applicable
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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, 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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	GAMERO, CARLOS
STREET ADDRESS	1910 N.W. 84TH AVE
CITY-ST-ZIP	MIAMI, FL 33126

TITLE	T
NAME	GAMERO, LIVIA
STREET ADDRESS	1910 N.W. 84TH AVE
CITY-ST-ZIP	MIAMI, FL 33126

TITLE	V
NAME	GAMERO, NATALIE
STREET ADDRESS	1910 N.W. 84TH AVE
CITY-ST-ZIP	MIAMI, FL 33126

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/17/06-80112-006 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/06 305/463-8551
 Date Daytime Phone #