


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90253 050 ***158.75

DOCUMENT # P00000032777
 1. Entity Name
SEMO, INC.



Principal Place of Business Mailing Address
 C/O EUGENE J. HOWARD C/O EUGENE J. HOWARD
 1111 LINCOLN RD SUITE 400 1111 LINCOLN RD SUITE 400
 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139

4 2011001

DEPT OF
JASON HIGGINS



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address
 650 Pennsylvania Ave Suite 28
 1051 Collins Ave

City & State City & State
 Miami Beach Miami Beach

Zip Country Zip Country
 33139 FL 33139

4. FEI Number 65-1019319 Applied For, Not Applicable

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

6. Name and Address of Current Registered Agent
 HOWARD, EUGENE J ESQ
 1111 LINCOLN RD., STE. 400
 MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent
 Jason Higgins for Semo Inc
 Street Address (R.O. Box Number is Not Acceptable)
 1051 Collins Avenue Ste 28
 Miami Beach FL Zip Code 33139

8. The above named entity submits this statement for the purpose of changing its registered agent of Florida. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE: Jason Higgins, CPA DATE: 4/26/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Svetlana Astafurova 1051 Collins Ave #28 Miami Beach FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Svetlana Astafurova 1051 Collins Ave #28 Miami Beach FL 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 is true, accurate and 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 a similar name.
 SIGNATURE: Svetlana Astafurova DATE: 4/26/04 DAYTIME PHONE #: (305) 535 9966