

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000036583

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: SESOME INC.

## Current Principal Place of Business:

11161 N.W. 26TH DRIVE  
CORAL SPRINGS, FL 33065

## New Principal Place of Business:

## Current Mailing Address:

11161 N.W. 26TH DRIVE  
CORAL SPRINGS, FL 33065

## New Mailing Address:

FEI Number: 65-1013055

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOSES, EDWARD A MD  
11161 N.W. 26TH DRIVE  
CORAL SPRINGS, FL 33065 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: C ( ) Delete  
Name: MOSES, EDWARD A  
Address: 11161 NW 26 DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: PMD ( ) Delete  
Name: MOSES, EDWARD F  
Address: 11161 NW 26 DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: ST ( ) Delete  
Name: MOSES, GLORIA B  
Address: 11161 NW 26 DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition  
Name: MOSES, EDWARD A  
Address: 11161 NW 26 DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: PMD (X) Change ( ) Addition  
Name: MOSES, EDWARD F  
Address: 11161 NW 26 DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: T (X) Change ( ) Addition  
Name: MOSES, GLORIA B  
Address: 11161 NW 26 DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: S ( ) Change (X) Addition  
Name: MOSES, SARAH A  
Address: 11161 NW 26 DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33065 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD A. MOSES

C

01/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date