

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000109539

Entity Name: FG SEACOAST 1602, INC.

FILED
Mar 26, 2004
Secretary of State

Current Principal Place of Business:

5151 COLLINS AVENUE APT 1417
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

C/O AGI REGISTERED AGENTS, INC.
1200 BRICKELL AVE., SUITE 900
MIAMI, FL 33131

New Mailing Address:

FEI Number: 65-1092494 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGI REGISTERED AGENTS, INC.
1200 BRICKELL AVENUE SUITE 900
MIAMI, FL 33131

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: DPST () Delete
Name: GOMEZ, CLAUDIA
Address: 5151 COLLINS AVE #1417
City-St-Zip: MIAMI BEACH, FL 33140

Title: DVST () Delete
Name: GOMEZ, NORMA P
Address: 5151 COLLINS AVE #1417
City-St-Zip: MIAMI BEACH, FL 33140

Title: DVST () Delete
Name: EMILIO SENISE, CARLOS
Address: 5151 COLLINS AVE #1417
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CLAUDIA GOMEZ

DPST

03/26/2004

Electronic Signature of Signing Officer or Director

_____ Date