


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90310 005 \*\*\*150.00

<b>DOCUMENT # P0000116562</b>	
1. Entity Name <b>SETAI, INC.</b>	

Principal Place of Business <del>11451 NW 36TH AVE</del> <del>MIAMI FL 33167</del>	Mailing Address <del>11451 NW 36TH AVE</del> <del>MIAMI FL 33167</del>
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94030000



MOORE CR2E034 (11/03)

2. Principal Place of Business <b>12000 BISCAYNE BLVD</b>	3. Mailing Address <b>12000 BISCAYNE BLVD</b>
Suite, Apt. #, etc. <b>508</b>	Suite, Apt. #, etc. <b>508</b>

City & State <b>NORTH MIAMI, FLORIDA</b>	City & State <b>NORTH MIAMI, FLORIDA</b>	4. FEI Number <b>98-0050977</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33181</b>	Country <b>USA</b>	Zip <b>33181</b>	Country <b>USA</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

**FELDMAN, BENNETT G**  
**2655 LEJEUNE RD., #508**  
**CORAL GABLES FL 33134**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

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

10. OFFICERS AND DIRECTORS		
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SASSON, ZAKAY</b>	
STREET ADDRESS	<b>16495 N.E. 32ND AVENUE</b>	
CITY-ST-ZIP	<b>EASTERN SHORES FL 33160</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FEFER, ENRIQUE</b>	
STREET ADDRESS	<b>19333 COLLINS AVE APT 1708</b>	
CITY-ST-ZIP	<b>MIAMI FL 33160</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/14/04

305-8937042

Date

Daytime Phone #