

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90030 042 ***150.00

DOCUMENT # P02000005930 1. Entity Name SEI FLORIDA, INC.			
Principal Place of Business 9627 SW 138 AVENUE MIAMI, FL 33186		Mailing Address 7021 SW 23 ST MIAMI, FL 33155	
2. Principal Place of Business 14232 SW 97 Terr		3. Mailing Address 14232 SW 97 Terr	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Miami, FL		City & State Miami, FL	
Zip 33186		Zip 33186	
Country 		Country 	
4. FEI Number 26-0045404		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANGARITA, RAFAEL ARTURO 7021 SW 23 ST MIAMI, FL 33155		7. Name and Address of New Registered Agent Name Angarita, Rafael Arturo Street Address (P.O. Box Number is Not Acceptable) 14232 SW 97 Terr City Miami FL Zip Code 33186	
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		DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANGARITA, RAFAEL ARTURO 9627 SW 138 AVENUE MIAMI, FL 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Angarita, Rafael Arturo 14232 SW 97 Terr Miami, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CORREA, MYRIAM L 9627 SW 138 AVENUE MIAMI, FL 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vicepresident Correa, Myriam L 14232 SW 97 Terr Miami, FL 33186
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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:		DATE: 1/18/05	
Signature and typed or printed name of signing officer or director		Daytime Phone #	