

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90018 042 \*\*\*150.00

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03102005 Chg-P CR2E034 (10/03)

|   |                   |   |   |  |  |       |    |                                 |      |               |  |                |                   |  |             |                 |  |       |  |   |      |  |  |                |  |  |             |  |  |
|---|-------------------|---|---|--|--|-------|----|---------------------------------|------|---------------|--|----------------|-------------------|--|-------------|-----------------|--|-------|--|---|------|--|--|----------------|--|--|-------------|--|--|
| <b>DOCUMENT # P02000104506</b><br>1. Entity Name<br><b>SEGER INTERNATIONAL COMPANY, INC.</b>  |                   |   |   |  |  |       |    |                                 |      |               |  |                |                   |  |             |                 |  |       |  |   |      |  |  |                |  |  |             |  |  |
| Principal Place of Business<br><b>141 N.E. 3RD AVE.<br/>SUITE 406<br/>MIAMI, FL 33132</b>   |                   |   | Mailing Address<br><b>141 N.E. 3RD AVE.<br/>SUITE 406<br/>MIAMI, FL 33132</b>   |  |  |       |    |                                 |      |               |  |                |                   |  |             |                 |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 2. Principal Place of Business  |                   | 3. Mailing Address  |   |  |  |       |    |                                 |      |               |  |                |                   |  |             |                 |  |       |  |   |      |  |  |                |  |  |             |  |  |
| Suite, Apt. #, etc.   |                   | Suite, Apt. #, etc.   |   |  |  |       |    |                                 |      |               |  |                |                   |  |             |                 |  |       |  |   |      |  |  |                |  |  |             |  |  |
| City & State  |                   | City & State  |   |  |  |       |    |                                 |      |               |  |                |                   |  |             |                 |  |       |  |   |      |  |  |                |  |  |             |  |  |
| Zip   | Country           | Zip   | Country   |  |  |       |    |                                 |      |               |  |                |                   |  |             |                 |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 6. Name and Address of Current Registered Agent   |                   |   |   | 7. Name and Address of New Registered Agent  |  |       |    |                                 |      |               |  |                |                   |  |             |                 |  |       |  |   |      |  |  |                |  |  |             |  |  |
| <b>RAMOS, JOSE R<br/>141 N.E. 3RD AVE.<br/>SUITE 406<br/>MIAMI, FL 33132</b>  |                   |   |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |       |    |                                 |      |               |  |                |                   |  |             |                 |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 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.<br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |                   |   |   |  |  |       |    |                                 |      |               |  |                |                   |  |             |                 |  |       |  |   |      |  |  |                |  |  |             |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |                   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees. |  |  |       |    |                                 |      |               |  |                |                   |  |             |                 |  |       |  |   |      |  |  |                |  |  |             |  |  |
| <div style="display: flex;"> <div style="flex: 1;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">PD</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>RAMOS, JOSE R</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>141 N.E. 3RD AVE.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33132</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div> |                   |   |   |  |  | TITLE | PD | <input type="checkbox"/> Delete | NAME | RAMOS, JOSE R |  | STREET ADDRESS | 141 N.E. 3RD AVE. |  | CITY-ST-ZIP | MIAMI, FL 33132 |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  |
| TITLE   | PD                | <input type="checkbox"/> Delete                                   |   |  |  |       |    |                                 |      |               |  |                |                   |  |             |                 |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME  | RAMOS, JOSE R     |   |   |  |  |       |    |                                 |      |               |  |                |                   |  |             |                 |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  | 141 N.E. 3RD AVE. |   |   |  |  |       |    |                                 |      |               |  |                |                   |  |             |                 |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   | MIAMI, FL 33132   |   |   |  |  |       |    |                                 |      |               |  |                |                   |  |             |                 |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 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.   |                   |   |   |  |  |       |    |                                 |      |               |  |                |                   |  |             |                 |  |       |  |   |      |  |  |                |  |  |             |  |  |
| <b>SIGNATURE:</b> _____ <span style="float: right;">03-10-05 (305) 539-1733</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                   |   |   |  |  |       |    |                                 |      |               |  |                |                   |  |             |                 |  |       |  |   |      |  |  |                |  |  |             |  |  |