


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90025 032 ***150.00

DOCUMENT # P03000029675					
1. Entity Name S.E.D. REALTY, INC.					
Principal Place of Business 9155 S DADELAND BLVD STE 1010 MIAMI FL 33156			Mailing Address 9155 S DADELAND BLVD STE 1010 MIAMI FL 33156		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 54-2132597	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LIGMAN, DANIEL V 9155 S DADELAND BLVD STE 1010 MIAMI FL 33156			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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D-PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIGMAN, DANIEL V		NAME	Ligman, Daniel V	
STREET ADDRESS	9155 S DADELAND BLVD STE 1010		STREET ADDRESS	9155 S. Dadeland Blvd Ste 1010	
CITY-ST-ZIP	MIAMI FL 33156		CITY-ST-ZIP	Miami, Florida 33156	
TITLE		<input type="checkbox"/> Delete	TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Ligman, Sharon	
STREET ADDRESS			STREET ADDRESS	9155 S. Dadeland Blvd Ste 1010	
CITY-ST-ZIP			CITY-ST-ZIP	Miami, Florida 33156	
TITLE		<input type="checkbox"/> Delete	TITLE	D-Vp	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Ligman, Eric-D	
STREET ADDRESS			STREET ADDRESS	9155 S. Dadeland Blvd Ste 1010	
CITY-ST-ZIP			CITY-ST-ZIP	Miami, Florida 33156	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-28-04

305 667-6162-EX 105