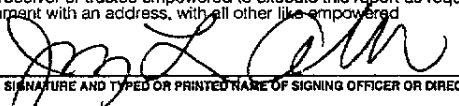


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # 666789 1. Entity Name SEFA, INC.					
Principal Place of Business 10330 N DALE MABRY #110 TAMPA, FL 33618		Mailing Address 10330 N DALE MABRY #110 TAMPA, FL 33618			
DO NOT WRITE IN THIS SPACE					
				 04162004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2052540		Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ABELES, JEFFREY L. 10330 N DALE MABRY SUITE 100 TAMPA, FL 33618				DO NOT WRITE IN THIS SPACE	
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 _____ Signature, typed or printed name of registered agent and title if applicable					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		U000000125853 04/23/04-80010-014 150.00	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		ST ABELES, JEFFREY L. 10330 N DALE MABRY TAMPA, FL			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		P ABELES, SUANNE E. 10330 N DALE MABRY TAMPA, FL			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE 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: 		Jeffrey L. Abeles 4/19/04 813-961-0092			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	