2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 03, 2004 8:00 am Secretary of State **DOCUMENT # P03000064177** 05-03-2004 90774 027 ***150 00 SEJĆO, INC. Principal Place of Business Mailing Address 14018424 8379 N.W. 74TH STREET 8379 N.W. 74TH STREET MIAMI, FL 33166 MIAMI, FL 33166 2. Principal Place of Business 13/06 SW 287H ST 3. Mailing Address 13/06 SW 2874 ST 04212004 CR2E034 (10/03) City & State MIRAMAR 4. FEI Number Applied For MIRAMAR 76-0735045 Not Applicable Country SA \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MIKE SARABJIT MASON, STEVEN A Street Address (P.O. Box Number is Not Acceptable) 3363 SHERIDAN STREET, SUITE 201 HOLLYWOOD, FL 33021 13120 SW 218T ST MEAMAR 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 (NOTE: Registered Agent signature 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fee OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. П TITLE ☐ Change ☐ Addition TITLE Delete NATHU-HARI, BALVANT NAME NAME STREET ADDRESS STREET ADDRESS 8379 N.W. 74TH STREET CITY-ST-ZIP MIAMI, FL 33166 CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NATHU-HARI, ANGELINE NAME STREET ADDRESS STREET ADORESS 8379 N.W. 74TH STREET CITY-ST-ZIP MIAMI, FL 33166 C/TY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C/TY-ST-7/P ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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 rry 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: Angelie MAKHA ANGILINE NATHY- HARI SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED