

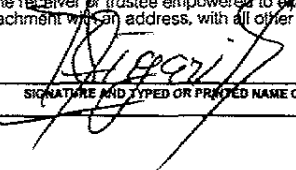


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000005930 1. Entity Name SEI FLORIDA, INC.			
Principal Place of Business 14232 SW 97 TERR MIAMI, FL 33186		Mailing Address 14232 SW 97 TERR MIAMI, FL 33186	
DO NOT WRITE IN THIS SPACE			
			
		01222007 No Chg-P CR2E034 (11/05)	
4. FEI Number 26-0045404		Applied For 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 14232 SW 97 TERR MIAMI, FL 33186		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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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			
TITLE	P		
NAME	ANGARITA, RAFAEL ARTURO		
STREET ADDRESS	14232 SW 97 TERR		
CITY-ST-ZIP	MIAMI, FL 33186		
TITLE	VP		
NAME	CORREA, MYRIAM L		
STREET ADDRESS	14232 SW 97 TERR		
CITY-ST-ZIP	MIAMI, FL 33186		
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 exemptions contained in Chapter 119, 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:  _____			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date _____ Daytime Phone # _____			