

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90407 025 ***150.00

DOCUMENT # 560878

1. Entity Name
SEFI, INC.



Principal Place of Business
**501 BRICKELL KEY DR
SUITE 206
MIAMI, FL 33131-9608**

Mailing Address
**7122 NW 50TH ST
SUITE 206
MIAMI, FL 33166 US**

24035710



DO NOT WRITE IN THIS SPACE

01222004 No Chg-P CR2E034 (10/03)

4. FEI Number **59-1414724** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**A. F. ALENTADO & ASSOCIATES
1149 SW 27TH AVE SUITE 203
MIAMI, FL 33135**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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

10. OFFICERS AND DIRECTORS

TITLE **SD**
NAME **DE BOGGIO, CECILIA**
STREET ADDRESS **501 BRICKELL KEY DR #206**
CITY - ST - ZIP **MIAMI, FL**

TITLE **PD**
NAME **BOGGIO, PIER CARLO**
STREET ADDRESS **501 BRICKELL KEY DR #206**
CITY - ST - ZIP **MIAMI, FL**

TITLE
NAME
STREET ADDRESS
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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/04 (305) 594-3922
EXT 13