


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90045 027 \*\*\*150.00

<b>DOCUMENT # 667621</b>	
1. Entity Name <b>SEB CONSULTATION AND SALES INCORPORATED</b>	

Principal Place of Business <b>5715 COCO PALM DRIVE TAMARAC, FL 33319</b>	Mailing Address <b>5715 COCO PALM DRIVE TAMARAC, FL 33319</b>
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**50018774**

2. Principal Place of Business <b>111 BANYAN ISLE DR.</b> Suite, Apt. #, etc.	3. Mailing Address <b>111 BANYAN ISLE DR.</b> Suite, Apt. #, etc.
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02172005 Chg-P CR2E034 (10/03)

City & State <b>PALM BEACH GARDENS, FL</b>	City & State <b>PALM BEACH GARDENS, FL</b>
Zip <b>33418</b>	Zip <b>33418</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>59-1985198</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>LEGAL, LARRY 5100 N FEDERAL HWY SUITE 409 FORT LAUDERDALE, FL 33308</b>	
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7. Name and Address of New Registered Agent Name <b>LEGAL, LARRY</b> Street Address (P.O. Box Number is Not Acceptable) <b>800 W. CYPRESS CREEK RD.</b> <b>SUITE 470</b> City <b>FORT LAUDERDALE</b> <b>FL</b> Zip Code <b>33309</b>	
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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 <i>Larry Legal</i>	DATE <i>2/15/05</i>

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

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AARONSON, SHEILA 5715 COCO PALM DRIVE FORT LAUDERDALE, FL 33319 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AARONSON, SHEILA 111 BANYAN ISLE DR. PALM BEACH GARDENS, FL 33418 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE: <i>Sheila Aaronson</i>	Date <i>2/15/5</i>	Daytime Phone # <i>954 4938900</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		