

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 748467**

1. Entity Name  
**SEA WASH ASSOCIATION, INC.**



Principal Place of Business

**7400 HARDING AVE  
APT. #6  
MIAMI BEACH, FL 33141 US**

Mailing Address

**7400 HARDING AVE  
APT. #6  
MIAMI BEACH, FL 33141 US**



07052006 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-1994859**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SILBERMAN, JONAS &  
300-71 ST  
STE 405  
MIAMI BCH, FL 33141**

**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 reappointing)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000569929  
07/13/06-80009-012 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SAMUEL, EDWARD
STREET ADDRESS	7400 HARDING AVE, APT 6
CITY-ST-ZIP	MIAMI BEACH, FL 00000,
TITLE	PD
NAME	AMSTER, HELEN
STREET ADDRESS	7400 HARDING AVE APT 19
CITY-ST-ZIP	MIAMI BEACH, FL 00000,
TITLE	D
NAME	LEBLANC, PAULINE
STREET ADDRESS	7400 HARDING AVE APT 3
CITY-ST-ZIP	MIAMI BCH, FL 00000,
TITLE	D
NAME	ESTRADA, RAOUL
STREET ADDRESS	7400 HARDING AVE, APT 2
CITY-ST-ZIP	MIAMI BCH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 617, 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

*Samuel, Edward*

*7/10/06*

Date

*305-866-5069*

Daytime Phone #