


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 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
--	--

DO NOT WRITE IN THIS SPACE



01102007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1994859	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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
---	--	--

10. OFFICERS AND DIRECTORS

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

U00000739005
05/14/07-80006-022 61.25

**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: Edward Samuel Date: 4/23/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #