

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90017 025 ****61.25

DOCUMENT # 764106
 1. Entity Name
SEM-I-NO HOLDING CORPORATION, INC.



Principal Place of Business
 2000 N. D STREET
 LAKE WORTH, FL 33460 US

Mailing Address
 3339 JOG PARK DR.
 GREEN ACRES, FL 33467 US

40033952



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01162008 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
 23-7535625

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
TASHMAN, LEONARD
3339 JOG PARK DR.
GREEN ACRES, FL 33467

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	TASHMAN, LEONARD	NAME			
STREET ADDRESS	3339 JOG PARK DR.	STREET ADDRESS			
CITY-ST-ZIP	GREENACRES, FL 33467	CITY-ST-ZIP			
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SHEPARD, RICHARD	NAME			
STREET ADDRESS	2349 SE LONGHORN AVE	STREET ADDRESS			
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952	CITY-ST-ZIP			
TITLE	TR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DICKMANN, WESLEY	NAME			
STREET ADDRESS	7214 E. OAKRIDGE CIR.	STREET ADDRESS			
CITY-ST-ZIP	LANTANA, FL 33462	CITY-ST-ZIP			
TITLE	TR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	EVANS, AQUINAS	NAME			
STREET ADDRESS	230 BEDFORD I. CENTURY VILLAGE	STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	CITY-ST-ZIP			
TITLE	TR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WEINKRANTZ, STEVEN	NAME			
STREET ADDRESS	2168 NW. WAVERLY CIR.	STREET ADDRESS			
CITY-ST-ZIP	PORT SAINT LUCIE, FL 33983	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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 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: Leonard Tashman **LEONARD TASHMAN** February 22, 2008 561-312-1928
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #