

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 07, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # F00000006162**

1. Entity Name  
**SELIMA, INC.**



Principal Place of Business  
**3800 S OCEAN DRIVE  
#232  
HOLLYWOOD, FL 33019 US**

Mailing Address  
**3800 SOUTH OCEAN DRIVE SUITE 232  
HOLLYWOOD, FL 33019**



02092006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**13-1871661**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MILLER, SCHWARTZ & MILLER, P.A.  
2435 HOLLYWOOD BLVD.  
HOLLYWOOD, FL 33020**

**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 reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME STAVOLA, SELIMA  
STREET ADDRESS 3800 SOUTH OCEAN DR #232  
CITY-ST-ZIP HOLLYWOOD, FL 33019

TITLE V  
NAME STAVOLA, ANTHONY  
STREET ADDRESS 3800 SOUTH OCEAN DR #232  
CITY-ST-ZIP HOLLYWOOD, FL 33019

TITLE T  
NAME HUNTER, CLAIRE  
STREET ADDRESS 3800 SOUTH OCEAN DR #232  
CITY-ST-ZIP HOLLYWOOD, FL 33019

TITLE D  
NAME DAVIS, CLAIRE  
STREET ADDRESS 3800 SOUTH OCEAN DR #232  
CITY-ST-ZIP HOLLYWOOD, FL 33019

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 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

*April 4-06*

Date

Daytime Phone #

U00000496768  
04/22/06-80026-013 150.00

**DO NOT WRITE  
IN THIS SPACE**