

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 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



01192007 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 reinstalling)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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

U00000609097
02/01/07-80036-024 150.00

**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 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

Date

Daytime Phone #

954-458-9978

Jan 24-07