

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 03, 2004 8:00 am**  
**Secretary of State**

06-03-2004 90002 043 \*\*\*550.00

**DOCUMENT # F01000004886**



1. Entity Name  
**SEAGROVE TRADING INC.**

Principal Place of Business  
**701 BRICKELL AVE.  
SUITE 3000  
MIAMI, FL 33131**

Mailing Address  
**701 BRICKELL AVE.  
SUITE 3000  
MIAMI, FL 33131**

**54056457**



2. Principal Place of Business  
**1111 Crandon Blvd.**

3. Mailing Address  
**150 West Flagler St.**

02022004 Chg-P CR2E034 (10/03)

City & State  
**Key Biscayne, FL**

City & State  
**Miami, FL**

4. FEI Number  
**65-1137444**

Zip  
**33149**

Country  
**USA**

Zip  
**33130**

Country  
**USA**

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

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

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 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	<input type="checkbox"/> Delete
NAME	ALVAREZ-RENTA, LUIS	
STREET ADDRESS	701 BRICKELL AVE.	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	V	<input type="checkbox"/> Delete
NAME	ALVAREZ-RENTA, LUIS JR.	
STREET ADDRESS	701 BRICKELL AVE.	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, ZAIDA	
STREET ADDRESS	701 BRICKELL AVE.	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alvarez-Renta, Luis	
STREET ADDRESS	150 W. Flagler St. Suite 1400	
CITY-ST-ZIP	MIAMI, FL. 33130	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alvarez-Renta, Luis Jr.	
STREET ADDRESS	150 W. Flagler St. Suite 1400	
CITY-ST-ZIP	MIAMI, FL. 33130	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hector Vilorio	
STREET ADDRESS	150 W. Flagler St. Suite 1400	
CITY-ST-ZIP	MIAMI, FL. 33130	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**05/17/04**

Date

Daytime Phone #