2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

F01000005787

1. Entity Name

RESIDENSEA LTD. INC.



FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90424 006 ***150.00

•	e of Business TRE WEST BLDG NO. 2 AHAMAS	Mailing Address 5200 BLUE LAGOON DR., STE 790 MIAMI FL 33126					
2. Principal Place of Business		3. Mailing Address			U TUBATUB ARIL BOLDA FIRMA DOMA BOLIA BOLIA -) 80111 80701 01111 1886) 10111 1601 1601	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & Stat	е	City & State	··	4. FI	El Number 98-0221942	Applied For Not Applicable	
Zip	Country	Zip	Country	5. C	ertificate of Status Desired	\$8.75 Additional	
	6. Name and Address of Current	Registered Agent	<u> </u>	7. N	ame and Address of New Regist	ered Agent	
			Name				
BRAZLAVSKY, PHILLIP M			Street	Street Address (P.O. Box Number is Not Acceptable)			
	e Lagoon dr., ste 790						
MIAMI FL 33126							
	· .		City			FL Zip Code	
	named entity submits this statement for	r the purpose of changing its	s registered office o	or registered age	nt, or both, in the State of Florida.	I am familiar with, and accept	
the obligat	ions of registered agent.	•			•		
SIGNATURE .							
	Signature, typed or printed name of registered agent a	and title it applicable. (NO	FE: Registered Agent signa	ture required when rein	nstating)	DATE	
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	State			 Election Campaign Financin Trust Fund Contribution. 	9 \$5.00 May Be Added to Fees	
10.	OFFICERS AND	DIRECTORS	11.	ADI	DITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 11	
TITLE	P) Delete	TITLE	D		Change Addition	
NAME	DELLIS, FREDY M	0 4 4 7 7	NAME				
STREET ADDRESS	REGENT CENTRE WEST BLDG N	O 2 STE D	STREET ADDRESS				
CITY-ST-ZIP	FREEPORT, BAHAMAS		CITY-ST-ZIP	1			
TITLE NAME	WILLANDOOM I ANDROW	Delete .	TITLE NAME			☐ Change ☐ Addition	
STREET ADDRESS	WHARTON, L. ANDREW REGENT CENTRE WEST BLDG N	O 2 STE D	STREET ADDRESS	ł			
CITY-ST-ZIP	FREEPORT, BAHAMAS	0 2 31E D	CITY-ST-ZIP				
TITLE	D	☐ Delete	TITLE		,	☐ Change ☐ Addition	
NAME	ARON, ADAM		NAME -		i ng man sa		
STREET ADDRESS	regent centre west bldg n	O 2 STE D	STREET ADDRESS				
CITY-ST-ZIP	FREEPORT, BAHAMAS		CITY-ST-ZIP				
TITLE	CD	Delete	TITLE	σ		☐ Change ※ Addition	
NAME	OGLAEND, HENNING		NAME	Robert Y	hiley Loggon Drive.	* 790	
STREET ADDRESS CITY-ST-ZIP	DRONNING MAUDS GT 1, POSTE	OKS 1780 VIKA	STREET ADDRESS CITY-ST-ZIP	5200 10	C(3319)	, i, o	
	0122 OSLO, NORWAY	57 0.1		L / .	FL 33136	Channa M Addition	
TITLE NAME	D Nagell-Erichsen, Einar	Delete	TITLE . NAME	10/C	~ Forik	☐ Change ★ Addition	
STREET ADDRESS	DRONNING MAUDS GT 1, POSTE	OKS 1780 VIKA	STREET ADDRESS	Descention	ng Tenvik ng Maudo gatel		
CITY - ST - ZIP	0122 OSLO, NORWAY	C. G ITOO THAT	CITY-ST-ZIP	0122 0	2010 Norway		
TITLE		☐ Delete	TITLE		•	☐ Change Addition	
NAME			NAME	Jarl W	not		
STREET ADDRESS			STREET ADDRESS	Dronni	ng Maudio gode 1		
CITY-ST-ZIP	<u></u>		CITY-ST-ZIP	00lo N	nist ng Maudo gote 1 Jurway 0122		

12. Thereby 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:

TSIGUATUUE SETURED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16 (03

305-264-909

Daytime Phone #

CR2E034 (10/0