2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # F28121

1. Entity Name
CEA CAPITAL CORP.

Principal Place of Business	Mailing Address
101 E KENNEDY BLVD SUITE 3300 TAMPA, FL 33602	101 E KENNEDY BLVD SUITE 3300 TAMPA, FL 33602

DO NOT WRITE IN THIS SPACE

03212006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2077784

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GORDON, BRAD A
101 E KENNEDY BLVD.
SUITE #3300
TAMPA, FL 33602

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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 reinstating) 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

U00000493760
04/20/06-80017-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	CDP
NAME	MICHAELS, J. PATRICK JR
STREET ADDRESS	101 E KENNEDY BLVD., SUITE 3300
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	TS
NAME	GORDON, BRAD A.
STREET ADDRESS	101 E KENNEDY BLVD., SUITE 3300
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	V
NAME	JUNG, MING
STREET ADDRESS	101 E KENNEDY BLVD., SUITE 3300
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 if changed, or on an attachment with an address, with all other like empowered.*

SIGNATURE: ______________ 4-3-06 813-226-8844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #