

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 101 E KENNEDY BLVD SUITE 3300 TAMPA, FL 33602	Mailing Address 101 E KENNEDY BLVD SUITE 3300 TAMPA, FL 33602
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03212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**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 _____ (NOTE: Registered Agent signature required when relating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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

000000493760
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

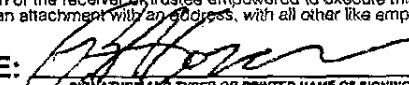
TITLE	
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STREET ADDRESS	
CITY - ST - ZIP	

**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 if 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

4-3-06

813-226-8844

Date

Daytime Phone #