## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F28121

1. Entity Name CEA CAPITAL CORP.

**FILED** Jan 22, 2007 08:00 AM **Secretary of State** 

Principal Place of Business

101 E KENNEDY BLVD **SUITE 3300** TAMPA, FL 33602

Mailing Address

101 E KENNEDY BLVD **SUITE 3300** TAMPA, FL 33602



## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01082007 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 59-2077784 Not Applicable \$8.75 Additional 

5. Certificate of Status Desired

GORDON, BRAD A 101 E KENNEDY BLVD.

## DO NOT WRITE

TAMPA, FL 33602				IN THIS SPACE			
	named entity submits this statement for the priors of registered agent.	urpose of changing its reg	gistered office or	registered agent, or bo	oth, in the State of Flori	da. I am familiar with, and accept	-
SIGNATURE_	Signature, typed or printed name of registered agent and little if	applicable. (NOTE: Re	gistered Agent signatur	e required when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Trust Fund Contribu		\$5.00 May Be Added to Fees	U00000 01/24/07-	9598237 -80068-016 150.00	
10.	OFFICERS AND DIRECTORS				·	,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDP MICHAELS, J. PATRICK JR 101 E KENNEDY BLVD., SUITE 3300 TAMPA, FL 33602						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS GORDON, BRAD A. 101 E KENNEDY BLVD., SUITE 3300 TAMPA, FL 33602						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JUNG, MING 101 E KENNEDY BLVD., SUITE 3300 TAMPA, FL 33602			DO	NOT WI	RITE	
NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SP	ACE	
TULE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE		_	Į.				

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 suppliemental 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR