2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H27768

1. Entity Name
SEI CORPORATION II



FILED Apr 30, 2008 08:00 AN Secretary of State

Principal Place of Business

2340 WATERSIDE DR FORT LAUDERDALE, FL 33312 Mailing Address

% IVAN A. GOMEZ, ESQ. 601 BRICKELL KEY DR, SUITE 507 MIAMI, FL 33131 US



DO NOT WRITE IN THIS SPACE

04102008 No Chg-P CR2E034 (11/05)

 4. FEI Number
 Applied For

 59-2462740
 Not Applicable

5. Certificate of Status Desired

\$8.75 Addition Fee Required

6. Name and Address of Current Registered Agent

IAG CORPORATE SERVICES, INC. 601 BRICKELL KEY DR SUITE 507 MIAMI, FL 33131 DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the putions of registered agent,	urpose of changing its registe	ered office or r	egistered agent, or bo	th, in the State of Flor	da. I am familiar with,	and accept
SIGNATURE Signature, typed or printed name of registered agent and title 4 applicable (NOTE: Regist			ered Agent signature	required when reinstating)	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fine Trust Fund Contribution		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRECT	TORS			J. 阿斯斯斯科	有证据	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PUDSEY, RICHARD 2340 WATERSIDE DR FORT LAUDERDALE, FL 33312					38306 38306 0086-009 /158	75.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEDERSON, DAVID A 6 PORT SIDE DR FORT LAUDERDALE, FL 33316		4				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WI	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SP	ACE	
TITLE NAME							

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS
CITY-ST-ZIP
TITLE ...
NAME
STREET ADDRESS
CITY-ST-ZIP

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR .

Daytime Phone #

DUMORA DUMON VIAR PROSIDENT