

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # H29868

1. Entity Name
SEBARIA, INC.



Principal Place of Business
**4551 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33021**

Mailing Address
**4551 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33021**



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2472652

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**VONA, SEBASTIANO
4551 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33023**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

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

000000387472
01/19/06-80030-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	VONA, SEBASTIANO
STREET ADDRESS	4551 HOLLYWOOD BLVD.
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	D
NAME	VONA, MARIA
STREET ADDRESS	4551 HOLLYWOOD BLVD.
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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

Date

Daytime Phone #

Sebastiano Vona
Sebastiano Vona

1/13/06
1/13/06

984-983-1924
984-983-1924