

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J14878

Entity Name: SEFRAN, INC.

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

18999 BISCAYNE BLVD
STE 105
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

18999 BISCAYNE BLVD
STE 105
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 58-1688963

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACKEN, ALAN
18999 BISCAYNE BLVD
STE 105
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

MACKEN, ALAN S
18999 BISCAYNE BLVD
STE 105
AVENTURA, FL 33180 US

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.

SIGNATURE: ALAN S MACKEN

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: FRANCO, ROBERT
Address: 166 E. 63RD STREET
City-St-Zip: NEW YORK, NY 10021

Title: VPD () Delete
Name: BEISPEL, RACHEL
Address: 290 WEST END AVENUE
City-St-Zip: NEW YORK, NY 10023

Title: VPD () Delete
Name: MACKEN, LILLIAN
Address: 18999 BISCAYNE BLVD
City-St-Zip: N MIAMI BEACH, FL 33180

Title: T () Delete
Name: BEISPEL, STEVEN
Address: 20 WEST 86TH ST.
City-St-Zip: NEW YORK, NY 10024

Title: RAS () Delete
Name: MACKEN, ALAN
Address: 18999 BISCAYNE BLVD
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LILLIAN MACKEN

VDP

04/30/2007

Electronic Signature of Signing Officer or Director

Date