

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J14878

Entity Name: SEFRAN, INC.

FILED  
Mar 19, 2009  
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 (X)

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

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: ROBERT FRANCO

VPD

03/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date