

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90171 028 ***150.00

DOCUMENT # M69027

1. Entity Name

SEDAGON INTERNATIONAL, INC.



Principal Place of Business

**1901 NE 163 ST
N MIAMI BEACH FL 33162
US**

Mailing Address

**1901 NE 163 ST
N MIAMI BEACH FL 33162
US**

50047673

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SEDANO, GEORGE E.
18621 N.W. 47TH COURT
MIAMI FL 33055**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **SEDANO, GEORGE E.**
STREET ADDRESS **18621 N.W. 47TH COURT**
CITY-ST-ZIP **MIAMI FL**

TITLE **DP** ☒ Change ☐ Addition
NAME **SEDANO GEORGE E.**
STREET ADDRESS **2920 POINT EAST DRIVE N 604**
CITY-ST-ZIP **AVENTURA - FL 33160**

TITLE **DS** ☐ Delete
NAME **SEDANO, MARTHA J.**
STREET ADDRESS **18621 N.W. 47TH COURT**
CITY-ST-ZIP **MIAMI FL**

TITLE **DS** ☒ Change ☐ Addition
NAME **SEDANO MARTHA J.**
STREET ADDRESS **2920 POINT EAST DRIVE N 604**
CITY-ST-ZIP **AVENTURA - FL 33160**

TITLE **DV** ☐ Delete
NAME **SEDANO, MARTHA J.**
STREET ADDRESS **18621 NW 47 CT**
CITY-ST-ZIP **MIAMI FL**

TITLE **DV** ☒ Change ☐ Addition
NAME **SEDANO MARTHA J.**
STREET ADDRESS **2920 POINT EAST DRIVE N 604**
CITY-ST-ZIP **AVENTURA FL 33160**

TITLE **DT** ☐ Delete
NAME **SEDANO, GEORGE**
STREET ADDRESS **18621 NW 47 CT**
CITY-ST-ZIP **MIAMI FL**

TITLE **DT** ☒ Change ☐ Addition
NAME **SEDANO GEORGE E.**
STREET ADDRESS **2920 POINT EAST DRIVE N 604**
CITY-ST-ZIP **AVENTURA FL 33160**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *George E. Sedano* George E. Sedano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05 (305) 949-3501
Date Daytime Phone #