## **2007 FOR PROFIT CORPORATION**

## FILED **ANNUAL REPORT** May 02, 2007 08:00 A Secretary of State **DOCUMENT # M69027** SEDAGON INTERNATIONAL, INC. Principal Place of Business Mailing Address 1901 NE 163 ST 1901 NE 163 ST N MIAMI BEACH, FL 33162 N MIAMI BEACH, FL 33162 US 05012007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number **NOT APPLICABLE** Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SEDANO, GEORGE E. DO NOT WRITE 2920 POINT EAST DRIVE N 604 AVENTURA, FL 33160 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 Sconstare, would or printed name of requested scent and title if applicable (NOTE: Registered Agent signature required when remistating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS me HAVE SEDANO, GEORGE E. STREET ADDRESS 2920 POINT EAST DRIVE, N604 000000755330 05/22/07-80096-016 150.qo CITY-ST-ZIP AVNTURA, FL 33160 TITLE NAME SEDANO, MARTHA J. STREET ADDRESS 2920 POINT EAST DRIVE, N604 NORTH MIAMI BEACH, FL 33160 CITY-ST-ZIP DV TITLE SEDANO, MARTHA J. NAME STREET ADDRESS 2920 POINT EAST DRIVE, N604 DO NOT WRITE CITY-ST-ZF NORTH MIAMI BEACH, FL 33160 IN THIS SPACE TITLE SEDANO, GEORGE MALE STREET ADDRESS 2920 POINT EAST DRIVE, N604 CITY-ST-ZIP NORTH MIAMI BEACH, FL. 33160 TITLE

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 in changed, or on an attachment with a

SIGNATURE:

NAME STREET ADORESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZP