



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90293 003 ****75.00

DOCUMENT # N03000001809 1. Entity Name THE SEAMENS HARVEST MINISTRIES ORGANIZATION, INC.					
Principal Place of Business 7401 NW 16 ST., A-304 PLANTATION, FL 33313			Mailing Address 7401 NW 16 ST., A-304 PLANTATION, FL 33313		
2. Principal Place of Business 7401 NW 16 ST Suite, Apt. #, etc. 304 City & State PLANTATION		3. Mailing Address 7401 NW 16 ST Suite, Apt. #, etc. 304 City & State FLORIDA			
Zip 33313		Country USA		4. FEI Number 03-0512025	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ALERS, ALBERTO REV 2915 PLUNKETT ST SUITE 10 HOLLYWOOD, FL 33313			7. Name and Address of New Registered Agent ALBERTO ALERS Street Address (P.O. Box Number is Not Acceptable) 7401 NW 16 ST Suite # 304 City PLANTATION		
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 <i>Alberto Alers</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, PILAR REV 2915 PLUNKETT ST #10 HOLLYWOOD, FL 33020		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANEGAX, WILLIAM 2306 CHARLES ROAD #25 HALLANDALE, FL 33009		TITLE NAME STREET ADDRESS CITY-ST-ZIP	JESUS M BORADO 7401 NW 16 ST SUITE #304 PLANTATION FL 33313	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTILLO, ANAKARY 4377 RACABON AVE WESTON, FL 33332		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 617, 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: <i>Paul Rogers</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 03-31-2006 <small>Daytime Phone #</small>		