

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

08-28-2007 90061 001 ****61.25
08-28-2007 90061 002 *****8.75

FILED NO3000001809

07 AUG 29 PM 3: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2nd MOORE CR2E037 (4/07)

DOCUMENT # N03000001809 1. Entity Name THE SEAMENS HARVEST MINISTRIES ORGANIZATION, INC.			
Principal Place of Business 7401 NW 16 ST 304 PLANTATION FL 33313		Mailing Address 1822 B-N UNIVERSITY DR SUNRISE FL 33322	
2. Principal Place of Business - No P.O. Box # 1822-B University Drive Suite, Apt. #, etc.		3. Mailing Address P.O. Box 19039 Suite, Apt. #, etc.	
City & State Sunrise Florida		City & State PLANTATION FL.	
Zip 33322		Zip 33318	
Country USA.		Country USA.	
4. FEI Number 03-0512025		Applied For <input type="checkbox"/> Not Applicable	
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 7401 NW 16ST STE 304 HOLLYWOOD FL 33313		7. Name and Address of New Registered Agent Name ALBERTO ALERS. Street Address (P.O. Box Number is Not Acceptable) 9965 NW. 9TH COURT PLANTATION FL Zip Code 33324	
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, represent printed name of registered agent and take it appropriate (NOTE: Registered Agent signature required when re-registering) DATE</small>			
FILE NOW: FEE IS \$61.25 Due By September 5, 2007		9. Election Campaign Financing Trust Fund Contribution. <input 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 \$78/31
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORADO, JESUS M 7401 NW 16ST STE 304 FORT LAUDERDALE FL 33313	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Ana Castro</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 08/29/2007 Phone #: 954 423 6978	