## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 01, 2006 08:00 Al Secretary of State

DOCUMENT # P0000028124  1. Entity Name  SEST INTER PRICES CORPORATION								-	Še	cretar	y of	State	
Principal Plac	e of Busines	s	ailing Address		1	$\neg$							
4005 NW 114 AVE				4005 NW 114 AVE									
BAY #17				BAY #17									
MIAMI, FL 3	3178		MIAMI, FL 33178				וול זעמוועמל נ	וכם נווכע זונעע ויוסע ווועע	15 WWIST STORE (1810)	ינם נושוו בנפון	DIEDY 1) (89)		
2. Principal Place of Business				3. Mailing Address									
Suite, Apt #, etc				Suite, Apt #, etc.				04262006	Chg-P	CR2E034	(11/05)		
City & State				City & State				4. FEI Numbe 65-099			<u> </u>	oplied For ot Applicable	
Zip	Country			Zip Coun		itry		5. Certificate	of Status Desired		3. <b>75</b> Add		
6. Name and Address of Current Regi				stered Agent			<u>j</u>	7. Name and	Address of New R			0	
							Name						
LIZARRAGA, AUGUSTO 8407 NW 70TH STREET				Street Address			ess (P	(P.O. Box Number is Not Acceptable)					
MIAMI, FL 33166													
				City						FL	Zip Cod	e	
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.													
rne obligat	iidns oi regisi	ered agent.											
SIGNATURE													
						• •		1					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaig Trust Fund Contri						~ —		00 May Be d to Fees	05/15/06-	80083 <u>-</u> 0.	12 15	0.00	
10.	OFFICERS AND DIRI			TORS			ADDITIONS/	CHANGES TO OFF	ICERS AND D	RECTOR	SIN (1		
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12. I hereby o	certify that the	information supplie	d with this fi	ling does not qualify for	r line exe	emptions conta	ined in	n Chapter 119,	Florida Statutes 1	further certify	that the ir	lormation	
of the cor	optation optation	12. Thereby 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 cath, that I am an officer or director of the corporation or the receiver or truestee 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;											