


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90253 050 \*\*\*158.75

<b>DOCUMENT # P00000032777</b>	
1. Entity Name <b>SEMO, INC.</b>	

Principal Place of Business <b>C/O EUGENE J. HOWARD 1111 LINCOLN RD SUITE 400 MIAMI BEACH FL 33139</b>	Mailing Address <b>C/O EUGENE J. HOWARD 1111 LINCOLN RD SUITE 400 MIAMI BEACH FL 33139</b>
---	---

4 1011001

DESK OF  
**JASON HIGGINS**



MOORE CR2E034 (11/03)

2. Principal Place of Business <b>650 Pennsylvania Ave Suite 28</b>	3. Mailing Address <b>1051 Collins Ave</b>
--	---

City & State <b>Miami Beach</b>	City & State <b>Miami Beach</b>
Zip <b>33139</b>	Country <b>FL</b>

4. FEI Number <b>65-1019319</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
---

6. Name and Address of Current Registered Agent <b>HOWARD, EUGENE J ESQ 1111 LINCOLN RD., STE. 400 MIAMI BEACH FL 33139</b>
--

7. Name and Address of New Registered Agent <b>Jason Higgins for Semo Inc</b> <b>1051 Collins Avenue Ste 28</b> <b>Miami Beach FL 33139</b>
--

8. The above named entity submits this statement for the purpose of changing its registered agent. SIGNATURE <b>Jason Higgins, CPA</b> Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent must remain in state.) DATE <b>4/26/04</b>
--

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Elec. Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>Svetlana Astafurova</b> <b>1051 Collins Ave #28</b> <b>Miami Beach FL 33139</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Svetlana Astafurova</b> <b>1051 Collins Ave #28</b> <b>Miami Beach FL 33139</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is true and accurate and that I am an officer or director of the corporation or the receiver or trustee, empowered to execute this report, or on an attachment with an address with a power of attorney. (NOTE: If the information is not true and accurate, the filer is liable for the same legal effect as if made under oath; that I am an officer or director as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if I am an officer or director.) SIGNATURE: <b>Svetlana Astafurova</b> Signature and typed or printed name of signing officer or director. Date <b>4/26/04</b> Daytime Phone # <b>(305) 535 9966</b>
--