

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000042868	
1. Entity Name SEAMAR SERVICES, INC.	

Principal Place of Business 444 BRICKELL AVE. STE 51-366 MIAMI, FL 33131-2492	Mailing Address 444 BRICKELL AVE. STE 51-366 MIAMI, FL 33131-2492
---	---



04042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1016436	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ROBERTS, JAYSON M 444 BRICKELL AVENUE, #51-366 MIAMI, FL 33131-2492

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

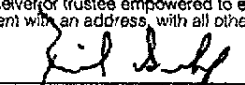
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

00000493504
04/20/06-80009-006 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP ROBERTS, JAYSON M 444 BRICKELL AVENUE, #51-366 MIAMI, FL 331312492
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P SELF, RICHARD 444 BRIDEL AVE. #51-366 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S SANCHEZ, DANIEL 444 BRICKELL AVENUE, #51-366 MIAMI, FL 331312492
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/06 766-412-7669
Date Daytime Phone #