

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2007 8:00 am**  
**Secretary of State**

07-11-2007 90077 004 \*\*\*550.00

**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**

40124347



07062007 Chg-P CR2E034 (12/06)

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**

**7. Name and Address of New Registered Agent**

**ROBERTS, JAYSON M  
444 BRICKELL AVENUE, #51-366  
MIAMI, FL 33131-2492**

Name **Jennifer M. Sanchez**  
Street Address (P.O. Box Number is Not Acceptable) **444 Brickell Avenue**  
**Suite 51-366**  
City **Miami** **FL** Zip Code **33131**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

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

**10. OFFICERS AND DIRECTORS**

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ROBERTS, JAYSON M	
STREET ADDRESS	444 BRICKELL AVENUE, #51-366	
CITY-ST-ZIP	MIAMI, FL 331312492	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SELF, RICHARD	
STREET ADDRESS	444 BRIDEL AVE. #51-366	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SANCHEZ, DANIEL	
STREET ADDRESS	444 BRICKELL AVENUE, #51-366	
CITY-ST-ZIP	MIAMI, FL 331312492	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jennifer M. Sanchez	
STREET ADDRESS	444 Brickell Avenue, Suite 51-366	
CITY-ST-ZIP	Miami, FL 33131	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Wilson	
STREET ADDRESS	444 Brickell Avenue, Suite 51-366	
CITY-ST-ZIP	Miami, FL. 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chris Duncan, 444 Brickell Avenue	
STREET ADDRESS	Suite 51-366, Miami, FL 33131	
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cole Johnson	
STREET ADDRESS	444 Brickell Avenue, Suite 51-366	
CITY-ST-ZIP	Miami, FL 33131	
TITLE	First Officer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hugo Jones, 444 Brickell Avenue,	
STREET ADDRESS	Suite 51-366, Miami, FL 33131	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**

*Jennifer M. Sanchez* 7/6/07 786-236-6465  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #