## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

## Mar 14, 2005 8:00 am **Secretary of State** DOCUMENT # P00000042872 1. Entity Name 03-14-2005 90091 034 \*\*\*150.00 SEAMAR IMPORT EXPORT, INC. Principal Place of Business Mailing Address 444 BRICKELL AVE. STE 51-366 444 BRICKELL AVE, STE 51-366 ZUUZUOIU MIAMI FL 33131-2492 MIAMI FL 33131-2492 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-1016434 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name . ROBERTS, JAYSON M 444 BRICKELL AVE. STE 51-366 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33131-2492 City Zip Code 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00. Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Delete Change ☐ Addition ROBERTS, JAYSON M NAME STREET ADDRESS 444 BRICKELL AVE. STE 51-366 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131-2492 CITY-ST-ZIP TITLE Delete X Addition MURRAY, RICHARD SELF, RICHARD NAME NAME 444 BRICKELL AVE. STE 51-366 444 BRICKELL AVE, STE. 51-366 MIAMI, FL 33131-2492 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131-2492 CITY-ST-ZIP — Delete -JITLE. TITLE Change\_ ☐ Addition SANCHEZ, DANIEL STREET ADDRESS 444 BRICKELL AVE. STE 51-366 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131-2492 TITLE Delete TITLE Change ☐ Addition FIERO, CARLOS NAME NAME 444 BRICKELL AVE. STE 51-366 STREET ADDRESS STREET ADDRESS MIAMI FL 33131-2492 CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the inform tion 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 lemental 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 er 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 indicated on this report or sur of the corporation or the rec changed, or on an attachme r or trustee empowered to execute the ith an address, with all other like em

FILED

Daytime Phone #