

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-11-2007 90077 005 ***150.00

DOCUMENT # P00000042872

1. Entity Name
SEAMAR IMPORT EXPORT, 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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07062007

Chg-P

CR2E034 (12/06)

4. FEI Number
65-1016434

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 AVE. STE 51-366
MIAMI, FL 33131-2492

7. Name and Address of New Registered Agent

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 \$150.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ROBERTS, JAYSON M	
STREET ADDRESS	444 BRICKELL AVE. STE 51-366	
CITY-ST-ZIP	MIAMI, FL 331312492	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SELF, RICHARD	
STREET ADDRESS	444 BRICKELL AVE. STE 51-366	
CITY-ST-ZIP	MIAMI, FL 331312492	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SANCHEZ, DANIEL	
STREET ADDRESS	444 BRICKELL AVE. STE 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		
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 Marie Sanchez	
STREET ADDRESS	444 Brickell Avenue, Suite 51-366	
CITY-ST-ZIP	Miami, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	
STREET ADDRESS	444 Brickell Avenue, Suite 51-366	
CITY-ST-ZIP	Miami, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jennifer M. Sanchez 7/6/07 786-236-6465