2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90241 045 ***150.00

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04272004 Chg-P CR2E034 (10/03)

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1. Entity Name
SEASIDE INTERNATIONAL, CORP.

Principal Place of Business	Mailing Address
3320 NW 36 ST MIAMI, FL 33142	3320 NW 36 ST MIAMI, FL 33142
2. Principal Place of Business: 3210 S. State Rd 7, Miramar, 33023	3. Mailing Address: 3210 S. State Rd 7 Miramar, 33023
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: Miramar	City & State: Miramar
Zip: 33023 Country: Broward	Zip: 33023 Country: Broward

4. FEI Number: 65-1019482 ☐ 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
PERELMUTER, ISAAC 19668 E COUNTRY CLUB DRIVE AVENTURA, FL 33180	Name: PERELMUTER ISAAC Street Address (P.O. Box Number is Not Acceptable): 21396 MARINA COVE CIRCLE # J-11 City: AVENTURA FL Zip Code: 33180

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
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PERELMUTER, ISAAC 3320 NW 36 ST MIAMI, FL 331425050	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President PERELMUTER ISAAC 21396 MARINA COVE CIRCLE # J-11 AVENTURA - FL, 33180	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 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] 04/28/04 (786) 301-2011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #