

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90052 020 ***150.00

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1. Entity Name
SEDOM, CORPORATION

Principal Place of Business
 16201 SW 95 AVE.
 SUITE 102
 MIAMI, FL 33157

Mailing Address
 16201 SW 95 AVE.
 SUITE 102
 MIAMI, FL 33157



2. Principal Place of Business

9760 SW 164 ST

3. Mailing Address

9760 SW 164 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01132004 Chg-P CR2E034 (10/03)

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number
65-1013292

Applied For
 Not Applicable

Zip

33157

Country

Zip

33157

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DE LA CRUZ, LUIS A
9760 SW 164 STREET
MIAMI, FL 33157

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 of, or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

LUIS A DE LA CRUZ

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	DE LA CRUZ, LUIS	16237 SW 15 STREET	PEMBROKE PINES, FL 33027	<input type="checkbox"/>
VPST	DE LA CRUZ, ROSA	16237 SW 15 STREET	PEMBROKE PINES, FL 33027	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Ad
P	ROSA DE LA CRUZ	9760 SW 164 ST	MIAMI, FL 33157	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	LUIS DE LA CRUZ	9760 SW 164 ST	MIAMI, FL 33157	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

SIGNATURE:

LUIS DE LA CRUZ 01/13/04 (305) 238-1516

Signature and typed or printed name of signing officer or director Date Daytime Phone #