2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000050661

Entity Name: SEDOM, CORPORATION

FILED Apr 29, 2005 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

 9760 SW 164 ST.
 2804 CLIPPER COVE LN

 SUITE 102
 SUITE 201

 MIAMI, FL 33157
 KISSIMMEE, FL 34741

Current Mailing Address: New Mailing Address:

 9760 SW 164 ST.
 2804 CLIPPER COVE LN

 SUITE 102
 SUITE 201

 MIAMI, FL 33157
 KISSIMMEE, FL 34741

FEI Number: 65-1013292 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

DE LA CRUZ, ROSA
2804 CLIPPER COVE LN
SUITE 201
KISSIMMEE, FL 33157 US

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.

SIGNATURE: ROSA DE LA CRUZ 04/29/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete
 Title:
 P
 (X) Change () Addition

 Name:
 CRUZ, ROSA DE LA
 Name:
 CRUZ, ROSA DE LA

 Address:
 9760 SW 164 ST
 Address:
 2804 CLIPPER COVE LN SUITE 201

 City St Zip:
 MIAMI EL 33457
 City St Zip:
 MISSIMMEE EL 34741

City-St-Zip: MIAMI, FL 33157 City-St-Zip: KISSIMMEE, FL 34741

Title: S () Delete Title: S (X) Change () Addition
Name: CRUZ, LUIS DE LA Name: DONE, NELSON
Address 270 CM 404 CT

 Address:
 9760 SW 164 ST.
 Address:
 2804 CLIPPER COVE LN SUITE 201

 City-St-Zip:
 MIAMI, FL 33157
 City-St-Zip:
 KISSIMMEE, FL 34741

Title: () Delete Title: D () Change (X) Addition Name: DONE, ALTAGRACIA

Address: Address: 2804 CLIPPER COVE LN SUITE 201

City-St-Zip: City-St-Zip: KISSIMMEE, FL 34741

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSA DE LA CRUZ P 04/29/2005