2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** May 03, 2004 08:00 AN

DOCUMENT # P0000066796  1. Entity Name SEA DAN ENTERPRISES, INC.				Secretary of State			
Principal Place of Business Mailing Address 250 N.W. 12TH STREET 250 N.W. 12TH STREET FLORIDA CITY, FL 33034 FLORIDA CITY, FL 33034		250 N.W. 12TH STREET					
DO NOT WRITE IN THIS SPA			CE	01132004 4. FEI Numbe 65-102	No Chg-P	CR2E034 (1	
	6. Name and Address of Current R		Action to the second	ه ده محرده این اسمی			
PEREZ, GEORDANIA 250 N.W. 12TH STREET BAY 7 FLORIDA CITY, FL 33034			DO NOT WRITE IN THIS SPACE				
	named entity submits this statement for ions of registered agent.  Signature, typed or printed name of registered agent on		ed office or register		h, in the State of Fic	orida. I am famili	ar with, and accept
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00		.00 May Be led to Fees	U00000 05/04/04	0154387 -80165-00	15 150.ng	
TO. THE NAME STREET ADDRESS CHY-ST-ZIP	OFFICERS AND D PSDP PEREZ, GEORDANIS 982 N.E. 4TH AVENUE HOMESTEAD, FL 33030	IRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTDP MACIAS, JUAN C 16269 S.W. 304TH TERRACE HOMESTEAD, FL 33030		,	,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				•	NOT W		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					THIS SF	ACE	
NAME STREET ADDRESS CITY-ST-ZIP					. ·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-			. Saine		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #