


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 13, 2004 8:00 am
Secretary of State

09-13-2004 90002 001 ***550.00

DOCUMENT # P00000075260	
1. Entity Name SEARÉST, INC.	

Principal Place of Business 2905 S. FEDERAL HWY C-4 DELRAY BEACH FL 33483	Mailing Address 2905 S. FEDERAL HWY C-4 DELRAY BEACH FL 33483
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04072013



MOORE CR2E034 (11/03)

2. Principal Place of Business 2885 SW 22ND CIR	3. Mailing Address 2885 SW 22ND CIR
Suite, Apt. #, etc. SOD	Suite, Apt. #, etc. SOD
City & State DELRAY BEACH	City & State FL
Zip 33445	Country

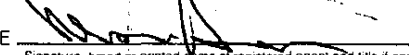
4. FEI Number 65-1146797	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HUGGINS, MORRIS F 404 N E 2ND STREET DELRAY BEACH FL 33483	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2885 SW 22ND CIR SOD City DELRAY BEACH FL Zip Code 33445	
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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 	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P HUGGINS, MORRIS F 404 NE 2ND STREET DELRAY BEACH FL 33483	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  MORRIS HUGGINS	Date 9-8-04	Daytime Phone # 561 441 9599
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