

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000033204

FILED  
Mar 04, 2008  
Secretary of State

Entity Name: SEAL & EXPUNGE CLINICS INC.

## Current Principal Place of Business:

7667 NW 50 ST  
1ST FLOOR  
MIAMI, FL 33166

## New Principal Place of Business:

## Current Mailing Address:

17845 SW 149TH AVE.  
MIAMI, FL 33187

## New Mailing Address:

FEI Number: 65-1088310

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

POZO, BARBARA C  
17845 SW 149 AVE  
MIAMI, FL 33187 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P/S ( ) Delete  
Name: LABASTIDA, FRANKLIN  
Address: 17845 SW 149TH AVE.  
City-St-Zip: MIAMI, FL 33187

Title: V/D (X) Delete  
Name: POZO, BARBARA C  
Address: 17845 SW 149TH AVE.  
City-St-Zip: MIAMI, FL 33187

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/S (X) Change ( ) Addition  
Name: POZO, BARBARA C  
Address: 17845 SW 149TH AVE.  
City-St-Zip: MIAMI, FL 33187

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: BARBARA C. POZO

P/S

03/04/2008

Electronic Signature of Signing Officer or Director

Date