

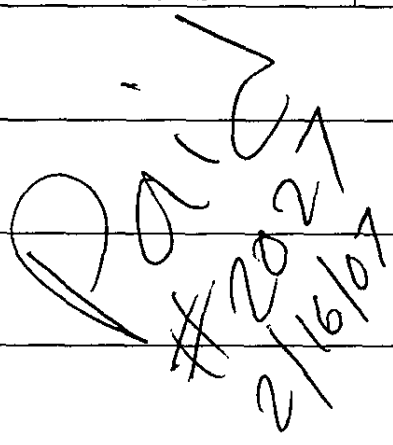


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000040416</b>		
1. Entity Name SEAT MASTERS INVESTMENTS, CORP.		
Principal Place of Business 2370 SW 67 AV MIAMI, FL 33155	Mailing Address 2370 SW 67 AV MIAMI, FL 33155	
<b>DO NOT WRITE IN THIS SPACE</b>		
		 02142007 No Chg-P CR2E034 (11/05)
		4. FEI Number 65-1094334 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  ABDALA, JACINTO 2370 SW 67 AV MIAMI, FL 33155		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ABDALA, JACINTO 16740 SW 83 CT MIAMI, FL 33159	 000000640259 02/28/07-80058-018 150.00 <b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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		