

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90073 022 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PO1000071682
1. Entity Name
 Seema Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2410, Abby Drive Apt # 104
 Suite, Apt. #, etc.
3. Mailing Address 2410, Abby Drive Apt # 104
 Suite, Apt. #, etc.

4. City & State Kissimmee, FL
5. City & State Kissimmee, FL
6. Zip 34741 **Country**
7. Zip 34741 **Country**

40035175
DO NOT WRITE IN THIS SPACE
4. FEI Number 59-3731309 **Applied For** Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name DABHOIWALA, RUMANA M
Street Address (P.O. Box Number is Not Acceptable) 2410 ABBY DR APT 104
City KISSIMMEE FL 34741 **FL** **Zip Code** 34741

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$100.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11.	
TITLE Director	DABHOIWALA, RUMANA M	TITLE NAME	
STREET ADDRESS	2410 ABBY DR APT 104	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34741	CITY-ST-ZIP	
TITLE NAME		TITLE NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME		TITLE NAME	
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TITLE NAME		TITLE NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Rumana Dabhoiwala RUMANA DABHOIWALA 03/07/05 407-787-9749
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #