


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000016329

1. Entity Name  
 SEA-RO, INC.



Principal Place of Business      Mailing Address

1209 TANGELO ISLE      1209 TANGELO ISLE  
 FORT LAUDERDALE, FL 33315      FORT LAUDERDALE, FL 33315



04052005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 01-0601360      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

SOPKIW, PAMELA K  
 1213 TANGELO ISLE  
 FORT LAUDERDALE, FL 33315

**DO NOT WRITE IN THIS SPACE**

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: *Pamela K Sopkiw*      DATE: *4/11/05*

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>BABICH, JANINE<br>1209 TANGELO ISLE<br>FORT LAUDERDALE, FL 33315   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>CONRY, WILLIAM L<br>1209 TANGELO ISLE<br>FORT LAUDERDALE, FL 33315 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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 04/21/05-80001-007 150.00

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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: *Janine Babich*      DATE: *4/10/05*      DAYTIME PHONE #: *9545075280*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #