## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: \_

## FILED May 03, 2004 8:00 am Secretary of State 05-03-2004 90426 043 \*\*\*150.00

DOCUMENT # P02000083718  1: Entity Name SEBARINGER CORP.								00 00 2001	90 <b>12</b> 0 0			
Principal Place of Business 5767 N UNIVERSITY DR TAMARAC, FL 33321			Mailing Address 845 NATURE COVE RD DANIA BCH, FL 33004						III 88(6) 18)88	C	(88) <i>   </i> 1981	
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02162004	Chg-P	CR2E	034 (10/03)		
City & State			City & State				4. FEI Numb 52-236			<del></del>	plied For t Applicable	
Zip Country			Zip Count				5. Certificate of Status Desired \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
						Name						
PASTORE, DANIEL 845 NATURE COVE RD DANIA BCH, FL 33004					Street Address (P.O, Box Number is Not Acceptable)							
					City	·			FI	Zip Cod	9	
										<u>- l                                    </u>		
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.												
(110) -												
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE												
FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees												
10.	OFFICE	RS AND DIREC	DIRECTORS 11.				ADDITIONS	CHANGES TO OFF	ICERS AN	D DIRECTORS	S IN 11	
TITLE	D .		Delete	TITL		P.				Change	Addition	
NAME	YERO, GRÉGORY			NAM	ET ADDRESS	Dan	iel Past	DCC_ D (0 D D)				
STREET ADDRESS CITY-ST-ZIP	845 NATURE COVE RD DANIA BEACH, FL 3300	14	CITY				5 Noture cove RD. Unia Beach, FL 33004					
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STREET ADDRESS CITY-ST-ZIP					EET ADDRESS '-ST-ZIP	-						
<del></del>	Lertify that the information sup	polied with this fi	ling does not qualify fo			ted in Se	ction 119 07/3)	(i). Florida Statutes	I further ce	rtify that the in	formation	
<ol> <li>indicated</li> </ol>	on this report or supplemental poration or the receiver or tru	al report is true a	and accurate and that r	nv signa	ture shall h	lave the s	same legal effe	ct as if made under	oath: that I	am an officer.	or director	