


FILED
Jun 16, 2006 8:00 am
Secretary of State

02-20-2006 90040 031 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**


DOCUMENT # P02000090818
 1. Entry Name
SEYER INTERNATIONAL CORPORATION



Principal Place of Business Mailing Address
6674 NW 107TH PLACE **6674 NW 107TH PLACE**
MIAMI, FL 33178 **MIAMI, FL 33178**

DO NOT WRITE IN THIS SPACE

66019144



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 02-0639175	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
REYES, FELIX
6674 NW 107TH PLACE
MIAMI, FL 33178

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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 fee if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
- After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REYES, FELIX 6674 NW 107TH PLACE MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV REYES, FELIX 6674 NW 107TH PLACE MIAMI, FL 33178
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 my address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Os/line Print #