


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90181 036 ***150.00

DOCUMENT # P02000128754		
1. Entity Name HI SEA, INC.		

Principal Place of Business 3395 WEST HILLSBORO BLVD. DEERFIELD BEACH, FL 33442	Mailing Address 3395 WEST HILLSBORO BLVD. DEERFIELD BEACH, FL 33442
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2. Principal Place of Business - No P.O. Box # <i>127 N Powerline Rd</i>	3. Mailing Address <i>127 N Powerline Rd</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Deerfield Beach FL</i>	City & State <i>Deerfield Beach FL</i>
Zip <i>33442</i>	Country <i>USA</i>
Zip <i>33442</i>	Country <i>USA</i>



04242007 Chg-P CR2E034 (12/06)

4. FEI Number 05-0542079		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MOTIWALA, MOHAMMED A 3395 WEST HILLSBORO BLVD. DEERFIELD BEACH, FL 33442		
7. Name and Address of New Registered Agent Name <i>Motiwala, Mohammed A</i> Street Address (P.O. Box Number is Not Acceptable) <i>127 N Powerline Rd</i> City <i>Deerfield Beach</i> FL Zip Code <i>33442</i>		

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 *[Signature]* DATE *04/25/07*

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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOTIWALA, MOHAMMED A 3395 WEST HILLSBORO BLVD. DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRAN, MOTIWALA 3395 W HILLSBORO BLVD DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* *Mohammed Motiwala* DATE *04/25/07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR