2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2004 8:00 am Secretary of State

DOCUMENT # P03000020795 1. Entity Name SEBENZA, INC.								04-29-2004 90	0247 032	***150.0	Ю	
Principal Place	e of Business	<u> </u>										
Principal Place of Business Mailing Address 413 NE 12TH AVE. 413 NE 12TH AVE.									DANH	0.00		
FORT LAUDERDALE, FL 33301 US FORT LAUDERDALE, FL 333					US				9407	2469		
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2. Principal Pl	lace of Busin	ess	3. Mailing Address			****						
516	SW 17TH	STREET	516 SW 17TH STREET					ENEMA (1611 MRST1 MRST) ARTII		1KB10 10101 B111	MPI II (MAI	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				04272004	Chg-P	CR2E03	4 (10/03)		
City & State			City & State				4. FEI Number			T An	plied For	
•		RDALE, FLORIDA	FORT LAUDERDALE, FLORIDA			DA	4. I Li Iddinibe	65-11773	44	<u> </u>	t Applicable	
Zip Country		Zip	ry					8.75 Addi	itional			
			33315 US						F	ee Required		
6. Name and Address of Current Registered Agent Name Name Name Name Name Name												
ACTIVE FILINGS, LLC 10651 NE 11TH COURT MIAMI SHORES, FL 33138						BYRAN K. KITCHINER						
						Street Address (P.O. Box Number is Not Acceptable)						
						E4C CW 47TH CTDECT						
						516 SW 17TH STREET City SORT AND SORT STREET Zip Code 22245						
						FORT	ORT LAUDERDALE FL Zip Code 33315					
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.												
the obligations of registered agent. DVDANK KITCHINED OFFER PRECIPENTS												
SIGNATURE BYRAN K. KITCHINER (VICE PRESIDENT) Signatury typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
окупальну турье си риливе паши си registareo agon аты ше и арушкалы. (NP i E. negistara Agent signatura required when reinstating) UATE												
FILE NOWIII 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.		OFFICERS AND	DIRECTORS :	11.			ADDITIONS/	CHANGES TO OFF	CERS AND	DIRECTORS	3 IN 11	
TITLE	P		Delete	:	P				Change Change	Addition		
NAME Street address	1	MIETTE A 2TH AVENUE	5.9	ET ADDOCCC	ı	IUS, MIETTE A SW 17TH STREET						
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NAME STREET ADDRESS				NAM		}					-	
CITY-ST-ZIP					et address -ST-21P							
12. I hereby	certify that th	e information supplied with	this filing does not qualify for	the exe	mption sta	ted in Se	ection 119.07(3)(), Florida Statutes. I	further certi	fy that the ir	nformation	
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.												

MIETTE A. ASMUS (PRESIDENT)

SIGNATURE:

04/27/04

Date

954-763-8878

Daytime Phone #