

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90060 005 \*\*\*150.00

DOCUMENT # P03000029675

1. Entity Name  
S.E.D. REALTY, INC.



Principal Place of Business Mailing Address  
~~9155 S DADELAND BLVD STE 1010~~ ~~9155 S DADELAND BLVD STE 1010~~  
~~MIAMI FL 33156~~ ~~MIAMI FL 33156~~

Both 7241 SW 168 St MF  
33157

2. Principal Place of Business - No P.O. Box # Mailing Address  
7241 SW 168 St  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
Suite B

City & State City & State  
Miami FL  
Zip 33157 Country USA Zip Country

1st MOORE CR2E034 (10/06)

4. FEI Number 54-2132597 Applied For  
☒ Not Applicable

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

## 6. Name and Address of Current Registered Agent

LIGMAN, DANIEL V 7241 SW 168 St  
~~9155 S DADELAND BLVD STE 1010~~  
~~MIAMI FL 33156~~ 33157

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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]*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*[Signature]*

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

## 10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	LIGMAN, DANIEL V	
STREET ADDRESS	<del>9155 S DADELAND BLVD STE 1010</del>	
CITY - ST - ZIP	<del>MIAMI FL 33156</del>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LIGMAN, SHARON	
STREET ADDRESS	<del>9155 S DADELAND BLVD STE 1010</del>	
CITY - ST - ZIP	<del>MIAMI FL 33156</del>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LIGMAN, ERIC D	
STREET ADDRESS	<del>9155 S DADELAND BLVD STE 1010</del>	
CITY - ST - ZIP	<del>MIAMI FL 33156</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/2/07