2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Sep 13, 2004 8:00 am Secretary of State

DOCUMENT # P0300060827 1. Entity Name SEBASTIAN SOLUTION SERVICES, INC					09-13-2004 90001 013 ***150.00			
Principal Place of Bu 7809 NW 70 TH CO TAMARAC, FL 3333	OURT	Mailing Address 7 809 NW 70 TH COU R TAMARAC, FL 33321	1402 AB SEBASTIA	ROTTEN 3	32958·	54072	561	
2. Principal Place of 1402 AB. Suite, Apt. #, etc.	Business BOTT LN	3. Mailing Address Suite, Apt. #, etc.	Example .	03142003	Chg-P	CR2E034 (10/03)		
SEBASTI	Country FC.	City & Start ORIC	Country	4. FEI Number	-159838	No	plied For t Applicable	
3295	Name and Address of Current				of Status Desired Address of New Re	\$8.75 Add Fee Require		
LATIN NETWORK CONSULTANTS INC 1820 N CORPORATE LAKES BLVD UNIT 104 WESTON, FL 33326 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. Lam familiar with, and accept								
FILE NO	registered agent. b. Upped or printed name of registered agent a DWIII FEE IS \$150.00 September 8, 2004	nd title if applicable. (NOTE 9. Election Campai Trust Fund Contr		suired when reinstaling) \$5.00 May Be Added to Fees		DATE with s. 607.193(2)(b), not receive the prior r		
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/	•	CERS AND DIRECTORS		
TITLE PSD NAME SUB STREET ADDRESS 7809		☐ Delete	TITLE NAME STREET ADDRESS GITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS GITY-SI-ZIP	1 : : :	☐ Detete	TITLE NAME STREET ADDRESS GITY-ST-ZIP	-		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	11	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		☐ Change	Addition	
TITLE , NAME STREET ADDRESS CHY-ST-ZIP	j 	Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	•		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	0 4 1 3 2 0	. Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP			☐ Change	Addition	
12. I hereby certify that the information supplied with this filling 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 impowered 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:**								