

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 MAR 18 AM 10:58

SECRET
STATE

DOCUMENT # P03000062510

1. Entity Name
SELSEN, INC.



Principal Place of Business
5415 WEST CORRAL PLACE
BEVERLY HILLS, FL 34465

Mailing Address
5415 WEST CORRAL PLACE
BEVERLY HILLS, FL 34465

2. Principal Place of Business

3. Mailing Address
P.O. Box 640926



03132004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Beverly Hills, FL

4. FEI Number
41-2118358

Applied For
Not Applicable

Zip

Country

Zip
34464

Country
U.S.

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOLSKI, ALFRED
5415 WEST CORRAL PLACE
BEVERLY HILLS, FL 34465

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President, T.S.
Michaela Jung
P.O. Box 640926
Beverly Hills, FL 34464

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition
300030959133
03/24/04--01003--003 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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Change Addition

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CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

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.

SIGNATURE: P-BA Pirmia Berberil POM 16-03-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

attachment

#P03000062510

hereafter acquire, for me and in my name and under such terms and conditions, and under such covenants as my attorney shall deem proper;

5. To engage in and transact any and all lawful business of whatever nature or kind for me and in my name;

6. To sign, endorse, execute, acknowledge, deliver, receive and possess such applications, contracts, agreements, options, covenants, deeds, conveyances, trust deeds, security agreements, bills of sale, leases, mortgages, assignments, insurance policies, bills of lading, warehouse receipts, documents of title, bills, bonds, debentures, checks, drafts, bills of exchange, notes, stock certificates, proxies, warrants, commercial paper, receipts, withdrawal receipts and deposit instruments relating to accounts or deposits in, or certificates of deposit of, banks, savings and loan or other institutions or associations, proofs of loss, evidences of debts, releases, and satisfaction of mortgages, judgments, liens, security agreements, and other debts and obligations, and such other instruments in writing or whatever kind and nature as may be necessary or proper in the exercise of the rights and powers herein granted;

7. To contract on my behalf for any benefits, including, but not limited to, Medicare, Medicaid and/or Social Security benefits.

I grant to my attorney in fact full power and authority to do and perform all and every act and thing whatsoever requisite, necessary, and proper to be done in the exercise of any of the rights and powers herein granted, as fully as I could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that my attorney in fact, the substitute or substitutes of my attorney in fact, shall lawfully do or cause to be done by virtue of this Power of Attorney and the rights and powers herein granted.

This Durable General Power of Attorney is not affected by any subsequent disability or incapacity of the principal, except as provided by Florida Statute.

This instrument is to be construed and interpreted as a general power of attorney. The enumeration of specific items, acts, rights or powers herein does not limit or restrict, and is not to be construed or interpreted as limiting or restricting the general powers herein granted to my attorney in fact.

Attachment

#P03000062510

GENERAL DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that I, MICHAELA JUNG, of Florida, do hereby constitute and appoint PIRMIN BERBERICH of Florida, as my true and lawful attorney in fact for me and in my name, place and stead, and for my use and benefit:

1. To exercise, do or perform any act, right, power, duty or obligation whatsoever that I now have or may acquire the legal right, power or capacity to exercise, do or perform in connection with, arising out of or relating to any person, item, thing, transaction, business property, real or personal, tangible or intangible, or matter whatsoever;

2. To ask, demand, sue for, recover, collect, receive, and hold and possess all such sums of money, debts, dues, bonds, notes, checks, drafts, accounts, deposits, legacies, bequests, devises, interests, dividends, stock certificates, certificates of deposit, annuities, pension and retirement benefits, insurance benefits and proceeds, documents of title, choses in action, personal and real property, intangible and tangible property and property rights, and demands whatsoever, liquidated or unliquidated, as are now, or shall hereafter become owned by, or due, owing, payable or belonging to me or in which I have or may acquire an interest, and to have, use and take all lawful ways and means and legal and equitable remedies, procedures, and writs in my name for the collection and recovery thereof, and to compromise, settle and agree for the same, and to make, execute and deliver for me and in my name all endorsements, releases, receipts or other sufficient discharges for the same;

3. To lease, purchase, exchange and acquire, and to bargain, contract and agree for the lease, purchase, exchange and acquisition of, and to take, receive and possess any real or personal property whatsoever, tangible or intangible, or interest therein, on such terms and conditions, and under such covenants, as my attorney in fact shall deem proper;

4. To improve, repair, maintain, manage, insure, rent, lease, sell, release, convey, subject to liens, mortgage and hypothecate, and in any way or manner deal with all or any part of real or personal property whatsoever, tangible or intangible, or any interest therein, which I now own or may

Attachment

PD3000062510

The rights, powers, and authority of my attorney in fact to exercise any and all of the rights and powers herein granted shall commence and be in full force and effect on October 3, 2003, and such rights, powers, and authority shall remain in full force and effect thereafter until further notice.

IN WITNESS WHEREOF, I have hereunto set my hand and seal the 3 day of October, 2003.

Sealed and delivered
in the presence of:

[Signature]
WITNESS

Michaela Jung
MICHAELA JUNG

[Signature]
WITNESS

STATE OF FLORIDA
COUNTY OF CITRUS

I HEREBY CERTIFY that on this 3 day of October, 2003, before me, an officer duly authorized in the aforementioned County and State to take acknowledgments, personally appeared MICHAELA JUNG, to me known to be the person described in and who executed the foregoing instrument, who has provided German Passport # 222468233 as identification, who did not take an oath, and who has acknowledged before me that he executed the same for the purposes stated therein.

WITNESS my hand and official seal this in the County and State last aforesaid.

[Signature]
NOTARY PUBLIC

Printed Name:

My Commission Expires:

