2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90774 027 ***150.00

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1. Entity Name
SEJCO, INC.

Principal Place of Business	Mailing Address
8379 N.W. 74TH STREET MIAMI, FL 33166	8379 N.W. 74TH STREET MIAMI, FL 33166

04212004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
13106 SW 28TH ST	13106 SW 28TH ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State MIRAMAR, FL	City & State MIRAMAR, FL
Zip 33027 Country USA	Zip 33027 Country USA

4. FEI Number 76-0735045 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MASON, STEVEN A
3363 SHERIDAN STREET, SUITE 201
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent

Name MIKE SARABJIT
Street Address (P.O. Box Number is Not Acceptable)
13120 SW 21ST ST
City MIRAMAR FL Zip Code 33027

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 MIKE SARABJIT [signature] 4/26/04
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	D NATHU-HARI, BALVANT 8379 N.W. 74TH STREET MIAMI, FL 33166	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NATHU-HARI, ANGELINE 8379 N.W. 74TH STREET MIAMI, FL 33166	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS 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: [signature] ANGELINE NATHU-HARI 4/26/04 954-885-9021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #