## 2004 FOR PROFIT CORPORÂTION ANNUAL REPORT

## **FILED** Mar 03, 2004 8:00 am Secretary of State 02-23-2004 90045 038 \*\*\*150.00

DOCUMENT # P03000111039  1. Entity Name SEAPORT PROMOTIONS GROUP, INC.						02-23-200			30.00	
Principal Place		Mailing Address	Mailing Address 450 S.W. 88TH TERRACE			DUZUZNOG				
PEMBROKE PINES, FL 33025 PEMBROKE PINES, FL 33					  - 	ING INII BINI BUNI BU	T) 11 <b>83)</b> 319 Bi 1197	EUCEE AND TEN		
2. Principal P	face of Business	3. Mailing Address	3. Mailing Address							
Suite, Apt.		Sulte, Apt. #, etc.				Chg-P	CR2E03			
City & State		City & State		·	(45-0054911   IN		Not	Applicable		
Zip Country		Zip	Count		5. Certificate of Status Desired S8.75 Additional Fee Required					
	6 Name and Address of Currer	nt registered Agent.		Name	-/Name and A	quress of New F	registered Ag	leur -		
KRAMER, EDWARD B 450 S.W. 88TH TERRACE PEMBROKE PINES, FL 33025				Street Address (	ess (P.O. Box Number is Not Acceptable)					
ڌ				City	<del>_</del> -		FL.	Zip Code		
	named entity submits this statement tions of registered agent.	for the purpose of changing	its registere	ed office or registe	red agent, or both	, in the State of Fl		miliar with, a	and accept	
SIGNATURE.	Signature, typed or printed name of registered age	and tale if applicable. (N	OTE: Registered	d Agent signature requires	d when reinstating)	· · · · · ·	DATE		<u> </u>	
	E NOWI!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550	9. Election Carn Trust Fund Co	paign Finan	noing \$5	.00 May Be led to Fees					
10.	<del>,,</del>	ID DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF				
NAME STREET ADDRESS CITY-ST-ZIP	P KRAMER, EDWARD B 450 S.W. 88TH TERRACE PEMBROKE PINES, FL 33025	□ Delete		l l		·		Change	Addition	
TITLE NAME , STREET ADDRESS		☐ Delste		E Et adoress				Change	Addition	
TITLE - NAME		☐ Delete	TITLE					☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP		o 'n commande seas		ET ADDRESS -ST-ZIP	· · · · · · · · · · · · · · · · · · ·		<del> </del>			
TITLE NAME STREET ADDRESS		☐ Dejeta	TITLE NAME STRE	- 1	<del> </del>	<del>-</del>		Change	Addition	
CITY-ST-BP		☐ Delete	CITY TITLE	-ST-ZIP	<del></del>		· · ·	☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP						
TITLE NAME		• •	ញូម	E			<u></u>	Change	Addition	
STREET ADORESS CITY-ST-ZIP	:	<u>.</u>	STRE	EET ADDRESS -ST-ZUP		•				
12. I hereby	certify that the information supplied v	with this filing does not qualify	for the exe	mption stated in S	ection 119.07(3)(i)	, Florida Statutes.	I further certi	ly that the in	formation	

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: LEdward B. Trans Edward Kromer 2/19/04 95443741664

BEGINATURE AND TYPED OR PRINTED NAME DE SIGNING OFFICER OR DIRECTOR

Date

Deptine Prove #