200° FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 08:00 A Secretary of State

ANNUAL REPORT					Apr 30, 200 / 00.0		
1. Entity Nam	MENT # P0300015302 THE SEA, INC.	21			2	Secretary of Sta	
11401 PINE #664	ES BLVD	Mailing Address 11401 PINES BLVD #664 PEMBROKE PINES, FL 33026				N	
DO NOT WRITE IN THIS SPA			CE	03212007 4. FEI Numb	4. FEI Number Applied For 20-0695840 Not Applicable 5. Certificate of Status Desired Service \$8.75 Additional		
· - · · · · · · · · · · · · · · · · · ·	6. Name and Address of Current Reg	iletared Anant	T	J. Commoun	3 Of Glatos Dosnoc	Fee Required	
AZANI, LIMOR 9320 NW 10TH COURT PLANTATION, FL 33322			DO NOT WRITE IN THIS SPACE				
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 alignature required when reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00				5.00 May Be dded to Fees	. U00000749957 05/18/07-80044-008 150.00		
ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIRI D AZANI, LIMOR 9320 NW 10TH COURT PLANTATION, FL 33322	ECTORS			NOT W	•	
NAME STREET ADDRESS CITY-ST-ZIP				114	IIIIS SP	ACE	

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is tute 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 employered 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: _

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE (MO) THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Date