2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000045268

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

FILED Apr 27, 2006 Secretary of State

Entity Name: SEA WORLD SERVICES CORPORATION							
Current Principal Place of Business:				New Principal Place of Business:			
9361 NW 41ST ST PLACE SUNRISE, FL 33351				6365 NW EMBROKE			US
Current Mailing Address:				New Mailing Address:			
9361 NW 41ST ST PLACE SUNRISE, FL 33351				16365 NW 11ST STREET PEMBROKE PINES, FL 33028 US			
FEI Number:	20-0911543	FEI Number Applied For ()	FEI Numbe	er Not Applic	able ()	Certifica	te of Status Desired()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
1261 E SAN	SE CORPORAT MPLE RD DBEACH, FL 32						
The above in the State		ubmits this statement for the p	urpose of c	hanging its	s registered	l office or re	egistered agent, or both,
SIGNATUR							
Electronic Signature of Registered Agent				Date			
Election Carr	npaign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () E RAIMUNDO LUIZ 10304 SW 19 ST PEMBROKE PINI	REET	Na Ad	ame: ddress:	RAIMUNDO I 16365 NW 1	(X) Change(_UIZ, SEBAS) I1ST STREET PINES, FL 3	TÍAO T
Title: Name: Address: City-St-Zip:	V ()E ANTONIO DE OL 10304 SW 19 ST PEMBROKE PINI	REET	Na Ad	ame: ddress:	ANTONIO DE 16365 NW 1	(X) Change(E OLIVEIRA, I 11ST STREET PINES, FL 3	LUIZ
Title: Name: Address: City-St-Zip:	S () E LUIZ, LAURENIC 10304 SW 19 ST PEMBROKE PINI	REET	Na Ad	ame: ddress:	LUIZ, LAURE 16365 NW 1	(X) Change (ENICE M 11ST STREET PINES, FL 3	Γ

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

SIGNATURE: SEBASTIAO RAIMUNDO LUIZ Ρ 04/27/2006

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PEMBROKE PINES, FL 33025

PEMBROKE PINES, FL 33025

LUIZ, SUSANA O

10304 SW 19 STREET

OLIVEIRA, SANDRA L

10304 SW 19 STREET

(X) Change () Addition

(X) Change () Addition

LUIZ, SUSANA O

16365 NW 11ST STREET

OLIVEIRA, SANDRA L

16365 NW 11ST STREET

PEMBROKE PINES, FL 33028 US

PEMBROKE PINES, FL 33028 US