

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90336 035 ***150.00

DOCUMENT # P04000087425							
1. Entity Name SEGUEN, CORP.							
Principal Place of Business 2125 BISCAYNE BLVD. #361 MIAMI, FL 33137			Mailing Address 2125 BISCAYNE BLVD. #361 MIAMI, FL 33137				
2. Principal Place of Business 9705 FOUNTAINEBLEAU BLVD Suite, Apt. #, etc. 114			3. Mailing Address SAME.				
City & State MIAMI			City & State MIAMI				
Zip 33172		Country		4. FEI Number 51-0516182			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent ALTAMIRANO, HECTOR A 2125 BISCAYNE BLVD. #361 MIAMI, FL 33137			7. Name and Address of New Registered Agent Name: ALTAMIRANO, HECTOR A. Street Address (P.O. Box Number is Not Acceptable): 9705 FOUNTAINEBLEAU BLVD. #114 City: MIAMI FL Zip Code 33172				
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE P	NAME ALTAMIRANO, HECTOR A		<input type="checkbox"/> Delete	TITLE P	NAME ALTAMIRANO, HECTOR A		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2125 BISCAYNE BLVD. #361	CITY-ST-ZIP MIAMI, FL 33137			STREET ADDRESS 9705 FOUNTAINEBLEAU BLVD #114	CITY-ST-ZIP MIAMI, FL 33172		
TITLE V	NAME VILLARROEL, ROSA J		<input type="checkbox"/> Delete	TITLE V	NAME VILLARROEL, ROSA J		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2125 BISCAYNE BLVD. #361	CITY-ST-ZIP MIAMI, FL 33137			STREET ADDRESS 9705 FOUNTAINEBLEAU BLVD #114	CITY-ST-ZIP MIAMI, FL 33172		
TITLE T	NAME RIOS, ERICK F		<input checked="" type="checkbox"/> Delete	TITLE TREASURER	NAME LOURIDO, LUIS RAFAEL		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2125 BISCAYNE BLVD. #361	CITY-ST-ZIP MIAMI, FL 33137			STREET ADDRESS 9705 FOUNTAINEBLEAU BLVD #114	CITY-ST-ZIP MIAMI, FL 33172		
TITLE [Blank]	NAME [Blank]		<input type="checkbox"/> Delete	TITLE [Blank]	NAME [Blank]		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS [Blank]	CITY-ST-ZIP [Blank]			STREET ADDRESS [Blank]	CITY-ST-ZIP [Blank]		
TITLE [Blank]	NAME [Blank]		<input type="checkbox"/> Delete	TITLE [Blank]	NAME [Blank]		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS [Blank]	CITY-ST-ZIP [Blank]			STREET ADDRESS [Blank]	CITY-ST-ZIP [Blank]		
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:				03/30/2005 (305) 403-0576			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone			

50038216

