

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90390 050 ***150.00

DOCUMENT # P04000087425

1. Entity Name
SEGUEN, CORP.



Principal Place of Business
9705 FOUNTAINEBLEAU BLVD.
114
MIAMI, FL 33172

Mailing Address
9705 FOUNTAINEBLEAU BLVD.
114
MIAMI, FL 33172

60023525



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03292006

Chg-P

CR2E034 (11/05)

4. FEI Number
51-0516182

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALTAMIRANO, HECTOR A
9705 FOUNTAINBLEAU BLVD.
114
MIAMI, FL 33172

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 signature required when reinsuring)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	P	<input type="checkbox"/> Delete
NAME	ALTAMIRANO, HECTOR A	
STREET ADDRESS	9705 FOUNTAINEBLEAU BLVD, # 114	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	V	<input type="checkbox"/> Delete
NAME	VILLARROEL, ROSA J	
STREET ADDRESS	9705 FOUNTAINEBLEAU BLVD., # 114	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	T	<input type="checkbox"/> Delete
NAME	RIOS, ERICK F	
STREET ADDRESS	2125 BISCAYNE BLVD. #351	
CITY-ST-ZIP	MIAMI, FL 33137	
TITLE	T	<input type="checkbox"/> Delete
NAME	LOURIDO, LUIS R.	
STREET ADDRESS	9705 FOUNTAINEBLEAU BLVD, # 114	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/28/06 (786) 316-7287
Date Daytime Phone #