


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2008 08:00 AM
Secretary of State

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| DOCUMENT # P04000089676 1. Entity Name SEA 17 CORP. |  |
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| Principal Place of Business 2564 N.W. 63 STREET BOCA RATON, FL 33496 | Mailing Address 226 BASIN DRIVE FORT LAUDERDALE, FL 33308 |
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05012008 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0924219 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

DO NOT WRITE IN THIS SPACE

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| 6. Name and Address of Current Registered Agent LOMASCOLO, ANTHONY 2564 N.W. 63 ST. BOCA RATON, FL 33496 | DO NOT WRITE IN THIS SPACE |
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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 _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 06/03/08-80006-019 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPT LOMASCOLO, ATHONY 2564 N.W. 63 STREET BOCA RATON, FL 33496 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVS LOMASCOLO, ANNA 2564 N.W. 63 STREET BOCA RATON, FL 33496 |
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IN THIS SPACE**

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.

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| SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | 4-30-08 954-615-4332 Date Daytime Phone # |
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