

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90111 033 ***150.00

DOCUMENT # P04000140427

1. Entity Name
SEDA FINANCE, INC.



Principal Place of Business
**485 SUGAR RIDGE CT
LONGWOOD, FL 32779**

Mailing Address
**485 SUGAR RIDGE CT
LONGWOOD, FL 32779**

50013916



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04132006

Chg-P

CR2E034 (11/05)

4. FEI Number
13-4287571

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SEDA, ALEJANDRO L
485 SUGAR RIDGE CT
LONGWOOD, FL 32779**

7. Name and Address of New Registered Agent

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 reinstating)

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PST
SEDA, ALEJANDRO L
485 SUGAR RIDGE CT
LONGWOOD, FL 32779** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
SEDA, ALEJANDRO L
485 SUGAR RIDGE CT
LONGWOOD, FL 32779** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
_____ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
_____ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
_____ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
_____ ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**4881 Cypress Woods DR unit 3307
Orlando FL 32811** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**4881 Cypress Woods DR unit 3307
Orlando FL 32811** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
_____ ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
_____ ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
_____ ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
_____ ☐ Change ☐ Addition

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PS7VP
ALEJANDRO L SEDA**

Date

Daytime Phone #

4/13/06 407-294-0086