


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2007 8:00 am
Secretary of State

05-25-2007 90026 030 ***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
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00001371

2. Principal Place of Business - No P.O. Box # 931 W SR 434	3. Mailing Address
Suite, Apt. #, etc. #1201-284	Suite, Apt. #, etc. JANK
City & State AITAMONTA FL	City & State
Zip 32714	Country



05212007 Chg-P CR2E034 (12/06)

4. FEI Number
13-4287571

5. Certificate of Status Desired ☐ \$8.75 Addition. 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) 931 W SR 434	
#1201-284	
City AITAMONTA FL	Zip Code 32714

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 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SEDA, ALEJANDRO L 4881 CYPRESS WOODS DR UNIT 3307 ORLANDO, FL 32811 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SEDA, ALEJANDRO L 4881 CYPRESS WOODS UNIT 3307 ORLANDO, FL 32811 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 931 W SR 434 #1201-284 AITAMONTA FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 931 W. SR. 434 #1201-284 AITAMONTA FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  5/21/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Patrick M. Burns, CPA, PA

Accountants, Consultants, and Tax Professionals

ATTACHMENT

50001571
#P04000146427

May 22, 2007

Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

Re: **Seda Finance, Inc.**
FEIN 13-4287571

Dear Sir or Madam:

Please take notice I represent the above taxpayer in all federal, state, and local tax matters. Enclosed, please find the annual business report and appropriate payment for the above entity. You will note that although this payment is late, we are requesting this one time waiver of the late filing fee. The taxpayer did not receive the annual report card, and as this being his first year in existence, was not aware of this filing requirement.

As such, we respectfully request this one time waiver of the late filing fee and provide you with our assurance that this report will not be filed late in the future. Thank you in advance for your kindness and consideration with this matter.

Should you have any questions, please feel free to contact me directly at 407-228-4443. Thank you.

Sincerely,



Patrick M. Burns, CPA

cc: Alejandro Seda