

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2005 8:00 am**  
**Secretary of State**

05-06-2005 90082 041 \*\*\*150.00

<b>DOCUMENT # P04000154881</b>					
<b>1. Entity Name</b> SEAN INVESTMENTS CORPORATION					
<b>Principal Place of Business</b> 4141 NW 5TH STREET SUITE 100 PLANTATION, FL 33317-2158			<b>Mailing Address</b> 4141 NW 5TH STREET SUITE 100 PLANTATION, FL 33317-2158		
<b>2. Principal Place of Business</b> 4306 W. BROWARD BLVD Suite, Apt., Etc. <u>A</u>		<b>3. Mailing Address</b> 4306 W. BROWARD BLVD Suite, Apt., Etc. <u>A</u>			
City & State PLANTATION, FL Zip <u>33317</u> Country <u>USA</u>		City & State PLANTATION, FL Zip <u>33317</u> Country <u>USA</u>		04292005 Chg-P CR2E034 (10/03)	
<b>4. FEI Number</b>				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> D'AGUILAR, PAULA S 4141 NW 5TH STREET SUITE 100 PLANTATION, FL 33317-2158			<b>7. Name and Address of New Registered Agent</b> Name <u>D'AGUILAR, PAULA S</u> Street Address (P.O. Box Number is Not Acceptable) <u>4306 W. BROWARD BLVD</u> <u>SUITE A</u> City <u>PLANTATION</u> <u>FL</u> Zip Code <u>33317</u>		
<b>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, the registered agent.</b> SIGNATURE <u>Paula S. D'Aguiar</u> <u>PAULA S. D'AGUILAR</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) <u>PRESIDENT</u> <u>4/29/05</u>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAGUILAR, PAULA S <input checked="" type="checkbox"/> Delete 4141 NW 5TH STREET SUITE 100 PLANTATION, FL 333172158		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DAGUILAR, PAULA S 4306 W. BROWARD BLVD, # A PLANTATION, FL 33317	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>D'AGUILAR, PAULA S</del> <input type="checkbox"/> Delete <del>4306 W. BROWARD BLVD, #A</del> <del>PLANTATION, FL 33317</del>		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"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Paula S. D'Aguiar</u>		<u>PAULA S. D'AGUILAR</u> <u>PRESIDENT</u>		<u>4/29/05</u> <u>954</u> <u>583-3805</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	