



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90011 045 ***158.75

DOCUMENT # P05000047106 1. Entity Name S.E.A. PAINTING, INC.																							
Principal Place of Business 1620 N. 71 TERR. HOLLYWOOD, FL 33024			Mailing Address 1620 N. 71 TERR. HOLLYWOOD, FL 33024																				
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																					
03012006 Chg-P CR2E034 (11/05)				4. FEI Number 20-2591301																			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																			
6. Name and Address of Current Registered Agent SANCHEZ, AVILIO 1620 N. 71 TERR. HOLLYWOOD, FL 33024			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 <i>Avilio Sanchez</i> DATE 02/28/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																					
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">P SANCHEZ, AVILIO <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>1620 N. 71 TERR.</td> </tr> <tr> <td>STREET ADDRESS</td> <td>HOLLYWOOD, FL 33024</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	P SANCHEZ, AVILIO <input type="checkbox"/> Delete	NAME	1620 N. 71 TERR.	STREET ADDRESS	HOLLYWOOD, FL 33024	CITY-ST-ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">NAME</td> <td style="width:20%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	STREET ADDRESS		STREET ADDRESS	CITY-ST-ZIP		
TITLE	P SANCHEZ, AVILIO <input type="checkbox"/> Delete																						
NAME	1620 N. 71 TERR.																						
STREET ADDRESS	HOLLYWOOD, FL 33024																						
CITY-ST-ZIP																							
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																					
NAME	STREET ADDRESS																						
STREET ADDRESS	CITY-ST-ZIP																						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">NAME</td> <td style="width:20%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Delete	NAME	STREET ADDRESS		STREET ADDRESS	CITY-ST-ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">NAME</td> <td style="width:20%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	STREET ADDRESS		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete																					
NAME	STREET ADDRESS																						
STREET ADDRESS	CITY-ST-ZIP																						
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																					
NAME	STREET ADDRESS																						
STREET ADDRESS	CITY-ST-ZIP																						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">NAME</td> <td style="width:20%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Delete	NAME	STREET ADDRESS		STREET ADDRESS	CITY-ST-ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">NAME</td> <td style="width:20%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	STREET ADDRESS		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete																					
NAME	STREET ADDRESS																						
STREET ADDRESS	CITY-ST-ZIP																						
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																					
NAME	STREET ADDRESS																						
STREET ADDRESS	CITY-ST-ZIP																						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">NAME</td> <td style="width:20%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Delete	NAME	STREET ADDRESS		STREET ADDRESS	CITY-ST-ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">NAME</td> <td style="width:20%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	STREET ADDRESS		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete																					
NAME	STREET ADDRESS																						
STREET ADDRESS	CITY-ST-ZIP																						
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																					
NAME	STREET ADDRESS																						
STREET ADDRESS	CITY-ST-ZIP																						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">NAME</td> <td style="width:20%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Delete	NAME	STREET ADDRESS		STREET ADDRESS	CITY-ST-ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">NAME</td> <td style="width:20%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	STREET ADDRESS		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete																					
NAME	STREET ADDRESS																						
STREET ADDRESS	CITY-ST-ZIP																						
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																					
NAME	STREET ADDRESS																						
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: <i>Avilio Sanchez</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 02/28/06 Daytime Phone # Tel: (954) 818-1054																				