


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
May 04, 2006 8:00 am
Secretary of State

04-17-2006 90348 032 ***150.00


DOCUMENT # P05000065228			
1. Entity Name SEMPER INC.			
Principal Place of Business 256 NW 64TH AVE MIAMI, FL 33126		Mailing Address 256 NW 64TH AVE MIAMI, FL 33126	
2. Principal Place of Business P.O. Box 44-0882 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 44-0882 Suite, Apt. #, etc.	
City & State Miami FL		City & State Miami FL	
Zip 33144	Country Dade	Zip 33144-0882	Country Dade
4. FEI Number 20-2817401		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SEMPER, FELIX 256 NW 64TH AVE MIAMI, FL 33126		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) P.O. Box 44-0882 City Miami FL Zip Code 33144	
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>Felix Semper</i> DATE: 04/11/06 <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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SEMPER, FELIX 256 NW 64TH AVE MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 44-0882 Miami FL 33144
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
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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
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>Felix Semper</i>		DATE: 04/11/06 (501) 216 3024	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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04112006 Chg-P CR2E034 (11/05)

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Principal Place of Business 256 NW 64TH AVE MIAMI, FL 33126	Mailing Address 256 NW 64TH AVE MIAMI, FL 33126
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ATTACHMENT
66014552



2. Principal Place of Business PO BOX 44-0882 Suite, Apt. #, etc.	3. Mailing Address PO BOX 44-0882 Suite, Apt. #, etc.
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05012006 Chg-P CR2E034 (11/05)

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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
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SIGNATURE: *Felix Semper* DATE: 05/01/06 DAYTIME PHONE #: (305) 216 3024

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR