

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000065228

**FILED**  
**Jun 09, 2009**  
**Secretary of State**

**Entity Name:** SEMPER INC.

**Current Principal Place of Business:**

6854 W FLAGLER ST  
MIAMI, FL 33144

**New Principal Place of Business:**

6878 W FLAGLER ST  
MIAMI, FL 33144

**Current Mailing Address:**

POB 44-0882  
MIAMI, FL 33144

**New Mailing Address:**

FEI Number: 20-2817401      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SEMPER, FELIX  
6854 W FLAGLER ST  
MIAMI, FL 33144    US

**Name and Address of New Registered Agent:**

SEMPER, FELIX  
6878 W FLAGLER ST  
MIAMI, FL 33144    US

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.

SIGNATURE: FELIX SEMPER

06/09/2009

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PS      ( ) Delete  
Name: SEMPER, FELIX  
Address: POB 44-0882  
City-St-Zip: MIAMI, FL 33144

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FELIX SEMPER

P

06/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date