


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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**FILED**  
**Jun 12, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90388 028 \*\*\*150.00

<b>DOCUMENT # P05000067796</b>					
1. Entity Name <b>THE SEED CLOTHING CORPORATION</b>					
Principal Place of Business 8771 STIRLING ROAD BAY 8 BUILDING B COOPER CITY, FL 33328			Mailing Address 8771 STIRLING ROAD BAY 8 BUILDING B COOPER CITY, FL 33328		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	03202006 Chg-P CR2E034 (11/05)	
4. FEI Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">04-3815210</div>				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			7. Name and Address of New Registered Agent		
RAMIREZ, PAUL 11954 WASHINGTON STREET PEMBROKE PINES, FL 33025			Name: <u>Paul Ramirez</u> Street Address (P.O. Box Number is Not Acceptable): <u>11954 SW 70th Street</u> <u>Pembroke Pines</u> FL <u>33331</u>		
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: <u>Paul Ramirez</u> <small>(NOTE: Registered Agent signature required when reappointing)</small>			DATE: <u>4/24/06</u>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			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	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAMIREZ, ELINA		NAME		
STREET ADDRESS	11954 WASHINGTON STREET		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33025		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAMIREZ, PAUL		NAME		
STREET ADDRESS	8606 THIRD AVENUE		STREET ADDRESS		
CITY-ST-ZIP	NORTH BERGEN, NJ 07047		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAHENS, JENNIFER		NAME		
STREET ADDRESS	11954 WASHINGTON STREET		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33025		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Paul Ramirez</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: <u>4/24/06</u> <u>98938-9460</u> <small>Date Devotee Phone</small>		

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