FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 09, 2006 8:00 am
Secretary of State
08-09-2006 90018 001 ***150.00
08-09-2006 90018 002 *****8.75

V

66022821

CR2E034B (8/05)

DOCUMENT # P05000102279

1. Entity Name
SEA WEED HOLDINGS INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
630 JASMINE ROAD	630 JASMINE ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ALTAMONTE SPRINGS	City & State: ALTAMONTE SPRINGS
Zip: 32701 Country:	Zip: 32701 Country:

4. FEI Number FL. 56 25 25 650 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: BRIAN R. LOEB

Street Address (P.O. Box Number is Not Acceptable):
3074 W. LAKE MARY BLVD. #136

City: LAKE MARY, FL **FL** Zip Code: 32746

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended AR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JOSE LUIS BORRERO 630 JASMINE ROAD ALTAMONTE SPRINGS FL 32701	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE S/T NAME STREET ADDRESS CITY-ST-ZIP	~~VICE PRESIDENT~~ / SECRETARY / TREASURER JOSE C. BORRERO PHD 13914 GREVILLEA AVE. HAWTHORNE, CA. 90250	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT / DIRECTOR JOHN F. TORREGROSA DPM 11 LAKE SHORE DRIVE KEY LARGO, FL. 33037	TITLE NAME STREET ADDRESS CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3 august 2006 407 491.3201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

08/04/2005 23:25 FAX 6316873994 EIN 001/001

07/29/2005 16:37 4073235929 LOE PAGE 01/01

NOTE (*) ERROR! (*) Should be 56

ATTACHMENT

59-2525650

Form **SS-4** (Rev. December 2001)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

660228241

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested
SEA WEED HOLDINGS, INC.

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name
JOSE L. BORRERO, M.D. # P05000102279

4a Mailing address (room, apt., suite no. and street, or P.O. box)
630 Jasmine Road

5a Street address (if different) (Do not enter a P.O. box.)

4b City, state, and ZIP code
Altamonte Springs FL 32701

5b City, state, and ZIP code

6 County and state where principal business is located
Seminole County

7a Name of principal officer, general partner, grantor, owner, or trustor
Jose L. Borrero

7b SSN, ITIN, or EIN
079-36-0786 (partner)

8a Type of entity (check only one box)

- ☐ Sole proprietor (SSN) ____
- ☐ Partnership
- ☒ Corporation (enter form number to be filed) ▶ 2553
- ☐ Personal service corp.
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ▶ ____
- ☐ Other (specify) ▶
- ☐ Estate (SSN of decedent) ____
- ☐ Plan administrator (SSN) ____
- ☐ Trust (SSN of grantor) ____
- ☐ National Guard
- ☐ State/local government
- ☐ Farmers' cooperative
- ☐ Federal government/military
- ☐ REMIC
- ☐ Indian tribal governments/enterprises

Group Exemption Number (GEN) ▶ ____

8b If a corporation, name the state or foreign country (if applicable) where incorporated — State: FLORIDA — Foreign country:

9 Reason for applying (check only one box)

- ☒ Started new business (specify type) ▶ For-Profit Corporation
- ☐ Hired employees (Check the box and see line 12.)
- ☐ Compliance with IRS withholding regulations
- ☐ Other (specify) ▶
- ☐ Banking purpose (specify purpose) ▶ ____
- ☐ Changed type of organization (specify new type) ▶ ____
- ☐ Purchased going business
- ☐ Created a trust (specify type) ▶ ____
- ☐ Created a pension plan (specify type) ▶ ____

10 Date business started or acquired (month, day, year)
July 18, 2005

11 Closing month of accounting year
December

12 First date wages or annuities were paid or will be paid (month, day, year). Note: *If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)* ▶ None Expected

13 Highest number of employees expected in the next 12 months. Note: *If the applicant does not expect to have any employees during the period, enter "-0-."* ▶

Agricultural	Household	Other

14 Check one box that best describes the principal activity of your business.

- ☐ Construction
- ☐ Rental & leasing
- ☐ Transportation & warehousing
- ☐ Health care & social assistance
- ☐ Wholesale–agent/broker
- ☐ Accommodation & food service
- ☐ Wholesale–other
- ☐ Retail
- ☒ Real estate
- ☐ Manufacturing
- ☐ Finance & insurance
- ☐ Other (specify)

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.
Real Estate Holding Company

16a Has the applicant ever applied for an employer identification number for this or any other business? ☒ Yes ☐ No
Note: *If "Yes," please complete lines 16b and 16c.*

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
Legal name ▶ Trade name ▶ Florida Hand Center

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year): 1979 — City and state where filed: — Previous EIN: 59 2024148

Third Party Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name: BRIAN R. LOE
Designee's telephone number (include area code): (407) 323-6128
Address and ZIP code: 3074 W. Lake Mary Blvd #136, Lake Mary FL 32746
Designee's fax number (include area code): (407) 323-5929

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶
Applicant's telephone number (include area code): (407) 834-6632

Signature ▶ Date ▶ July 18, 2005
Applicant's fax number (include area code): (407) 862-5454

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 16055N Form **SS-4** (Rev. 12-2001)

IDRS 0134638189

(IRS USE ONLY) 575A 08-11-2005 SEAW B 0134638189 SS-4

ATTACHMENT

66022824

#P0500010 2279

304697

Keep this part for your records. CP 575 A (Rev. 1-2005)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 A

0134638189

Your Telephone Number ( ) -

Best Time to Call

DATE OF THIS NOTICE: 08-11-2005
EMPLOYER IDENTIFICATION NUMBER: 56-2525650
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
P.O. BOX 9003
HOLTSVILLE NY 11742-9003

SEA WEED HOLDINGS INC
% JOSE L BORRERO MD
630 JASMINE RD
ALTAMONTE SPRINGS FL 32701

ATTACHMENT

66022821
#P05000102279

3 August 2006

Dear Sir / Madam:

Pease excuse the delay. I never received notice of annual report for any of the two corporations included below.
In addition, I was not able to make corrections Online. Please note:

For Sea Weed Holdings Inc

1. corrected FEIN 56 25 25 650
2. corrected address and spelling
   630 Jasmine road, Altamonte Springs Fl. 32701
3. corrected middle initial for secretary treasurer [redacted].
   Jose C. Borrero

For Air papa Bravo Corporation Inc.
Change of address for Vice President MELISSA BRANDRUP
7514 Jackson Ave., Takoma Park, MD 20912

Thank You

Jose L. Borrero
630 Jasmine road
Altamonte Springs, FL. 32701