2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Sep 11, 2007 8:00 am Secretary of State 09-11-2007 90006 004 ***150.00

DOCUMENT # P06000146044

THE SEAPRONTO CORP



				600 41	***						
Principal Place of Business		Mailing Address			401	32089					
3350 N 37TH STREET		3350 N 37TH STREET									
HOLLYWOOD, FL 33021		HOLLYWOOD, FL 33021									
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2. Dispiral Class of Dispirate No DO Do H. J. A. Mailine Address											
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					I La iia aiiii aaxii aalii aa			1861 11 1881	
Suite, Apt. #, etc.		Suite, Apt. #, etc.									
duite, Apt. #, etc.		dutte, Apt. 4, etc.				08282007	Chg-P	CR2E0	34 (12/06)		
City & State		City & State				4. FEI Numb	Ө Г		Ap	plied For	
						20-	59375	09	No	t Applicable	
Zip	Country Zip		Country				of Status Desired		\$8.75 Add	itional	
						J. Certificate	or Status Desired		Fee Required	d	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
05057.14415050				Name							
PEREZ, WILFR			Street Address			(P.O. Box Number is Not Acceptable)					
9500 NW 77 AVENUE											
HIALEAH GARDENS, FL 33016											
			-	City					Zip Code		
,				0,				FL			
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 libe ill applicable. (NOTE Registered Agent signature required when reinstating) DATE											
	OW!!! FEE IS \$150.00	9. Election Campa Trust Fund Cont	icing		5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.						
Due by September 14, 2007			inganon.		700	60 10 1 663	Corporation did	TIOL TECES	e the phora	iotice.	
10. OFFICERS AND DIRECTORS 11.						ADDITIONS	/CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11	
TITLE P	P Delete TIT								☐ Change	☐ Addition	
NAME CAN	NINO, HECTOR	NAME		ī							
	0 N 37 STREET			ET ADDRESS							
CITY-ST-ZIP HIA	LEAH GARDENS, FL 33021		-ST-ZIP								
TITLE		☐ Delete	TITLE						☐ Change	☐ Addition	
NAME				E							
STREET ADDRESS				ET ADDRESS							
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TITLE		☐ Delete	TITLE						Change	Addition	
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STREET ADDRESS CITY-ST-ZIP			_ [-ST-ZIP		~ ~ .					
ļ			TITLE						☐ Change	Addition	
TITLE NAME		☐ Delete	NAME	1					C Change	☐ Accinon	
STREET ADDRESS				ET ADDRESS							
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NAME		LJ Delete	NAME								
STREET ADDRESS				ET ADDRESS							
CITY-ST-ZIP			CITY.	-ST-ZIP							
TITLE		☐ Delete	TITLE						☐ Change	Addition	
NAME			NAME	1					-		
STREET ADDRESS			STREE	ET ADDRESS							
CITY-ST-ZIP			CITY-	-ST-ZIP							

12. I hereby certify that the information supplied with this filling 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: 1

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #