


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 10, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P92000001413  
 1. Entity Name  
 SEIDLE ENTERPRISES, INC.



Principal Place of Business      Mailing Address  
 2900 NORTHWEST 36TH STREET      2900 NORTHWEST 36TH STREET  
 MIAMI, FL 33142                      MIAMI, FL 33142

**DO NOT WRITE IN THIS SPACE**



01052006    No Chg-P    CR2E034 (11/05)

4. FEI Number 65-0377518	Applied For Not Applicable
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5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 SEIDLE, MICHAEL A.  
 2900 N.W. 36TH ST.  
 MIAMI, FL 33144

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SEIDLE, WILLIAM D 2900 NORTHWEST 36TH STREET MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SEIDLE, MICHAEL A 2900 NORTHWEST 36TH STREET MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SEIDLE, BETTY 2900 NORTHWEST 36TH STREET MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SEIDLE, ROBERT K 2900 NORTHWEST 36TH STREET MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

000000428341  
 02/21/06-80043-018 150.00

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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: Michael A. Seidle      Date: 1-10-06      Daytime Phone #: 305-673-8006