

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P92000005261

1. Entity Name
SEAHORSE VENTURES OF SOUTH FLORIDA, INC.



Principal Place of Business
1575 SAN IGNACIO
SUITE 100
CORAL GABLES, FL 33146

Mailing Address
1575 SAN IGNACIO
SUITE 100
CORAL GABLES, FL 33146



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0377265

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ABERMAN, NEIL
1575 SAN IGNACIO
SUITE 100
CORAL GABLES, FL 33146

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ABERMAN, NEIL
STREET ADDRESS	1575 SAN IGNACIO #100
CITY - ST - ZIP	CORAL GABLES, FL 33146
TITLE	V
NAME	BAUMGARD, DANIEL
STREET ADDRESS	12780 SW 71 AVENUE
CITY - ST - ZIP	MIAMI, FL 33156
TITLE	ST
NAME	SHEPPARD, RALPH
STREET ADDRESS	7100 SW 139 ST
CITY - ST - ZIP	MIAMI, FL 33158
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1100000581329
01/16/07-80049-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ralph Shepard 1/11/7

Date

305-661-0110

Daytime Phone #