2005 FOR PROFIT CORPORATION

FILED Apr 11, 2005 08:00 AM ary of State

Applied For Not Applicable

ANNOA	Secretary of Sta			
DOCUMENT # P9300007 1. Entity Name SEMA MS CORPORATION	5461		Secretar	y or Sta
Principal Place of Business	Mailing Address			
9240 S.W. 149 PLACE MIAMI, FL 33196	9240 S.W. 149 PLACE MIAMI, FL 33196			
		AOF.	03292005 No Chg-P CR2E034	
DO NOT WRIT	E IN THIS SP	ACE	4. FEI Number 65-0491619	Applied Fo
				3.75 Additional e Required
5. Name and Address of Curre	nt Registered Agent		and the second s	
SEGOVIA, JUAN M 9240 S.W. 149 PLACE MIAMI, FL 33196			DO NOT WRITE IN THIS SPACE	

8. The above named entify submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. (am familiar with, and accept the obligations of registered agent.								
SIGNATURE.	Signature, typed or printed name of registered agent and title	f applicable (NOTE, Registered	Agent signature	required when reinstating)	DATÉ			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.		ing	\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIREC	CTORS			A STATE OF THE STA			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SEGOVIA, JUAN M 9240 SW 149 PLACE MIAMI, FL 33196							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				,	U00000297577 04/11/05-80035-005 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				. IN	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u> </u>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
12. I hereby of indicated of the corchanged,	pertify that the information supplied with this fil on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an address, with all	ing does not qualify for the exem and accurate and that my signatu to execute this report as require other like empowered.	iption stated re shall haved by Chap	d in Section 119.07(3) we the same legal effector 607, Florida Statute	(i), Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or directores, and that my name appears in Block 10 or Block 11 if			

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR M SEGOVIA