2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000075461

1. Entity Name
SEMA MS CORPORATION



FILED Mar 23, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

9240 S.W. 149 PLACE MIAMI, FL 33196 9240 S.W. 149 PLACE MIAMI, FL 33196



03072007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0491619 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SEGOVIA, JUAN M 9240 S.W. 149 PLACE MIAMI, FL 33196

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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					
	Signature, typed or printed name of registered agent and title if	applicable (NOTE Registered	z Agent signaturi	s required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	000000675934 03/30/07-80041-008 150.00
10. OFFICERS AND DIRECTORS					
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					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

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 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 or efficiency of the corporation.

SIGNATURE:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TATIME AND TYPED OR PRINTED NAME OF BIGHING OFFICER OR DIRECTOR

03/20/0-

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