

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P94000022022

1. Entity Name

SEBAI CONSTRUCTION COMPANY



**FILED
Feb 11, 2005 8:00 am
Secretary of State**

02-11-2005 90058 039 ***150.00

50014562



1st MOORE CR2E034 (10/04)

Principal Place of Business 11201 SW 60 AVE MIAMI FL 33156 US		Mailing Address 11201 S.W. 60TH AVE. MIAMI FL 33156-4922	
2. Principal Place of Business <i>11201 S.W. 60 Ave</i> Suite, Apt. #, etc.		3. Mailing Address <i>11201 S.W. 60th Ave</i> Suite, Apt. #, etc.	
City & State <i>Miami Fl</i>		City & State <i>Miami Fl</i>	
Zip <i>33156</i>	Country <i>USA</i>	Zip <i>33156</i>	Country <i>USA</i>
6. Name and Address of Current Registered Agent SEBAI, SOBHI 11201 S.W. 60TH AVE. MIAMI FL 33156-4922		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <i>FL</i> Zip Code	

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *John Sobhi Sebai* 2/2/05 786-6634216

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #