


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-11-2005 90058 039 \*\*\*150.00

<b>DOCUMENT # P94000022022</b>			
<b>1. Entity Name</b> SEBAI CONSTRUCTION COMPANY			
<b>Principal Place of Business</b> 11201 SW 60 AVE MIAMI FL 33156 US		<b>Mailing Address</b> 11201 S.W. 60TH AVE. MIAMI FL 33156-4922	
<b>2. Principal Place of Business</b> 11201 S.W. 60 Ave Suite, Apt. #, etc.		<b>3. Mailing Address</b> 11201 S.W. 60TH Ave Suite, Apt. #, etc.	
<b>City &amp; State</b> Miami FLA Zip 33156 Country USA		<b>City &amp; State</b> Miami FLA Zip 33156 Country USA	
<b>4. FEI Number</b> 65-0479815		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required			
<b>6. Name and Address of Current Registered Agent</b> SEBAI, SOBHI 11201 S.W. 60TH AVE. MIAMI FL 33156-4922		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b>			
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PSD SEBAI, SOBHI I 11201 S.W. 60TH AVE. MIAMI FL 33156-4922 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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1st MOORE CR2E034 (10/04)

**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:**

*SOBHI SEBAI* 2/2/05 786-6634216  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #