

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # P95000071609

1. Entity Name
S.E.M.Y. CORP.



Principal Place of Business
**1317 WASHINGTON AVENUE
MIAMI BEACH, FL 33139**

Mailing Address
**1317 WASHINGTON AVENUE
MIAMI BEACH, FL 33139**



03092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0131634	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FEINSTEIN, MICHAEL L
888 EAST LAS OLAS BLVD.
SUITE 710
FORT LAUDERDALE, FL 33301**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHEMTOV, SAMI
STREET ADDRESS	1317 WASHINGTON AVENUE
CITY-ST-ZIP	MIAMI BEACH, FL 33139

TITLE	VD
NAME	SHEMTOV, EZRA
STREET ADDRESS	1317 WASHINGTON AVENUE
CITY-ST-ZIP	MIAMI BEACH, FL 33139

TITLE	D
NAME	SHACHAF, YITZIK
STREET ADDRESS	1317 WASHINGTON AVENUE
CITY-ST-ZIP	MIAMI BEACH, FL 33139

TITLE	D
NAME	WEISS, ISHAK
STREET ADDRESS	1317 WASHINGTON AVENUE
CITY-ST-ZIP	MIAMI BEACH, FL 33139

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/17/08-80026-015-158.75

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

SAMI SHEMTOV

Date

4-1-08

Daytime Phone #

954.612-1426