

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000029089

1. Entity Name
SEIURUS, INC.



Principal Place of Business
**1160 KANE CONCOURSE, SUITE 402
BAY HARBOR, FL 33154**

Mailing Address
**1160 KANE CONCOURSE, SUITE 402
BAY HARBOR, FL 33154**



030322005 No Chg.P CR25034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0648171

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$2.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SIEGEL, STEVEN
1160 KANE CONCOURSE, SUITE 402
BAY HARBOR, FL 33154**

**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, 2005 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SIEGEL, STEVEN
1160 KANE CONCOURSE, SUITE 402
BAY HARBOR, FL 33154**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SIEGEL, WENDY
1160 KANE CONCOURSE, SUITE 402
BAY HARBOR, FL 33154**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000256299
03/09/05-80003-024 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, TYPED OR PRINTED NAME OF SIGNER REQUIRED ON THIS FORM

3/7/05

Date

305/865-9861

Phone Number