

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000059633

FILED
Jan 13, 2004
Secretary of State

Entity Name: SEACRIS ENTERPRISE, INC.

Current Principal Place of Business:

1917 HARRISON STREET
SUITE 550
HOLLYWOOD, FL 33020 US

New Principal Place of Business:

Current Mailing Address:

1917 HARRISON STREET
SUITE 550
HOLLYWOOD, FL 33020 US

New Mailing Address:

FEI Number: 65-0707536 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCFARLANE, CHRISTOPHER
1917 HARRISON STREET
SUITE 550
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: MCFARLANE, SEAN
Address: 111 NW 2ND ST
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: P () Delete
Name: MCFARLANE, CHRIS J
Address: 111 NW 2ND ST
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: S () Delete
Name: MALCOLM, CATHERINE
Address: 111 NW 2ND ST
City-St-Zip: FT LAUDERDALE, FL 33301

Title: T () Delete
Name: MALCOLM, DESMOND
Address: 111 NW 2ND ST
City-St-Zip: FT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER MCFARLANE

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01/13/2004

Electronic Signature of Signing Officer or Director

Date