## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000059633

Title:

Name: Address:

City-St-Zip:

Entity Name: SEACRIS ENTERPRISE, INC.

FILED Feb 28, 2005 Secretary of State

y							
Current Principal Place of Business:				New Principal Place of Business:			
SUITE 550	RISON STREET OD, FL 33020	US	S	SUITE 250	RISON STREET OD, FL 33020		
Current Mailing Address:				New Mailing Address:			
1917 HARRISON STREET SUITE 550 HOLLYWOOD, FL 33020 US			S	1917 HARRISON STREET SUITE 250 HOLLYWOOD, FL 33020 US			
FEI Number:	•	FEI Number Applied For ( )		er Not Appli	,	Certificate of Status De	sired (X)
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
MCFARLANE, CHRISTOPHER 1917 HARRISON STREET SUITE 550 HOLLYWOOD, FL 33020 US				MCFARLANE, CHRISTOPHER 1917 HARRISON STREET SUITE 250 HOLLYWOOD, FL 33020 US			
The above in the State		bmits this statement for the pu	ırpose of c	hanging it	s registered off	fice or registered age	ent, or both,
SIGNATURE:				02/28/2005			
Electronic Signature of Registered Agent				Date			
Election Carr	npaign Financing	Frust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	V () E MCFARLANE, SE 111 NW 2ND ST FORT LAUDERD		Na Ad	itle: ame: ddress: ity-St-Zip:	()(	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	P () C MCFARLANE, CH 111 NW 2ND ST FORT LAUDERD		Na Ad	itle: ame: ddress: ity-St-Zip:	P (X) 0 MCFARLANE, CH 111 NW 2ND ST FORT LAUDERD		
Title: Name: Address: City-St-Zip:	S () E MALCOLM, CATH 111 NW 2ND ST FT LAUDERDALE		Na Ad	itle: ame: ddress: ity-St-Zip:	( ) (	Change ( ) Addition	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: CHRISTOPHER MCFARLANE P 02/28/2005

() Delete

MALCOLM, DESMOND

FT LAUDERDALE, FL 33301

111 NW 2ND ST

() Change () Addition