2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State
03-01-2004 90037 028 ***158.75

DOCUMENT # P97000004432

1. Entity Name
SEALAND SOURCES, INC.

Principal Place of Business	Mailing Address
12550 BISCAYNE BLVD. #401 MIAMI, FL 33181 US	12550 BISCAYNE BLVD. #401 MIAMI, FL 33181 US

02252004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
13443 NE 17 AVE.		13443 NE 17 AVE.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: N. MIAMI, FL		City & State: N. MIAMI, FL	
Zip: 33181	Country: USA	Zip: 33181	Country: USA

4. FEI Number: 65-0720716 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LETAKIS, GEORGE E
12550 BISCAYNE BLVD.
#401
MIAMI, FL 33181

7. Name and Address of New Registered Agent

Name: LETAKIS, GEORGE E.
Street Address (P.O. Box Number is Not Acceptable): 13443 NE 17 AVE.
City: N. MIAMI **FL** Zip Code: 33181

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] DATE: 2/26/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSDT LETAKIS, GEORGE E 12550 BISCAYNE BLVD., STE 401 N. MIAMI, FL 33181	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSDT LETAKIS, GEORGE E 13443 NE 17 AVE N. MIAMI, FL 33181	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] GEORGE E. LETAKIS. 2/26/04 305-895-1200.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #