2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000007672 1. Entity Name SEK INSTITUTIONAL COMMUNICATIONS. CORPORATION Principal Place of Business Mailing Address 10333 DIEGO DR SOUTH 10333 DIEGO DR SOUTH BOCA RATON, FL 33428 BOCA RATON, FL 33428



FILED Feb 01, 2008 08:00 Al Secretary of State

Fee Required

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



01102008 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 65-0744580 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

ARAZOZA & FERNANDEZ-PRAGA, P.A. 2100 SALZEDO STREET SUITE 300 CORAL GABLES, FL 33134

SIGNATURE:

DO NOT WRITE IN THIS SPACE

the obligations of registered agent,							
SIGNATURE Signature Typed or printed name of registered agent and title if appricable (NOTE Registered Agent signature required when reinstability) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.			\\ \pi \\ \tau \\ \u \u \\ \tau \\				
10. OFFICERS AND DIRECTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEGOVIA BONET, JORGE D 10333 DIEGO DRIVE SOOUTH BOCA RATON, FL 33428						
TIFLE NAME STREET ADDRESS CITY+ST-ZIP	VP GUIRAL, FRANCISCO 10333 DIEGO DRIVE SOUTH BOCA RATON, FL 33428			. U00000810438 02/08/08~80060~019 150.00			
TITLE NAME STREEL ADDRESS CULY-ST-ZIP	S -SANMIGUEL, SUSANA P 10333 DIEGO DRIVE SOUTH BOCA RATON, FL 33428		DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				4.3			
12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther 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 it 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 attachingent with an address, with all other like empowered.							

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. 1 am familiar with, and accept