2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000022275

1. Entity Name
SEASIDE INVESTMENTS, INC.

20008037

Principal Place of Business	Mailing Address
470 GRAUGH BLVD MIAMI, FL 33146	4706 GRANADA BLVD MIAMI, FL 33146 US

03152007   Chg-P   CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
4706 Granada Blvd.
Suite, Apt #, etc

3. Mailing Address
4706 Granada Blvd.
Suite, Apt. #, etc.

City & State **Coral Gables . FL**
City & State **Coral Gables Fl.**

Zip **33146**   Country **USA**
Zip **33146**   Country **USA**

4. FEI Number
65-0932347
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SANDOVAL, CARMEN 4706 GRANADA BLVD MIAMI, FL 33146	Name Street Address (P.O. Box Number is Not Acceptable) City _____ FL ___ Zip Code

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, 2007 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	D	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	SANDOVAL, ARTURO		NAME			
STREET ADDRESS	4706 GRANADA BLVD		STREET ADDRESS			
CITY ST ZIP	CORAL GABLES, FL 33146		CITY ST ZIP			
TITLE	D	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	SANDOVAL, CARMEN		NAME			
STREET ADDRESS	4706 GRANADA BLVD		STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES, FL 33146		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY ST ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, all other like empowered.

SIGNATURE: _____   7/27/07   305-665-0531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #