


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90092 032 \*\*\*150.00

<b>DOCUMENT # P98000025445</b>		
1. Entity Name <b>SENIC CORPORATION</b>		

Principal Place of Business <b>2428 PONCE DE LEON BLVD. CORAL GABLES, FL 33134</b>	Mailing Address <b>2428 PONCE DE LEON BLVD. CORAL GABLES, FL 33134</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

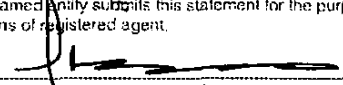


04202005 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0836372</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>LUIS GUERRERO, JOSE 2428 PONCE DE LEON BLVD. CORAL GABLES, FL 33134</b>		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.

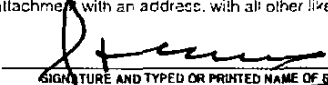
SIGNATURE:  DATE: **4/28/05**

Signature, typed or printed name, and title of applicable (NOTE: Registered Agent signature required when resigning)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PERNIA, ENRIQUE 2428 PONCE DE LEON BLVD MIAMI, FL 33146</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Pernia, Enrique 2428 Ponce De Leon Blvd Coral Gables, FL 33134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MOTA, JORGE 2428 PONCE DE LEON BLVD MIAMI, FL 33146</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director MOTA, Jorge 2428 Ponce De Leon Blvd Coral Gables, FL 33134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Jose Luis Guerrero 2428 Ponce De Leon Blvd Coral Gables, FL 33134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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:  DATE: **4/28/05** TIME: **3:05 PM**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR