


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000082882
 1. Entity Name
 SEQUEIRA SERVICES INC.



Principal Place of Business 1422 SW 118 AVE MIAMI, FL 33184	Mailing Address 1422 SW 118 AVE APT 1 MIAMI, FL 33184
---	--

DO NOT WRITE IN THIS SPACE



02212005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0866257	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SEQUEIRAS, PERLA
 1422 SW 118 AVE
 MIAMI, FL 33184

DO NOT WRITE IN THIS SPACE

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 _____
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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SEQUEIRA, PERLA 1422 SW 118 AVE MIAMI, FL 33184
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SEQUEIRA, LAZARO M 1422 SW 118 AVE MIAMI, FL 33184
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	

U00000283504
 04/01/05-80029-022 150.00

DO NOT WRITE IN THIS SPACE

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: *Perla Sequeira* PRESIDENT 305-307-7614
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 02/02/05 Daytime Phone #