

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Feb 03, 2006 08:00 AM
Secretary of State**

DOCUMENT # P98000083450

1. Entity Name

SEAMASTER SALES CORPORATION

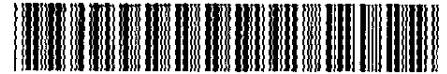


Principal Place of Business

**6540 N.W. 35TH AVENUE
MIAMI FL 33147**

Mailing Address

**6540 N.W. 35TH AVENUE
MIAMI FL 33147**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/05)

Zip

Country

Zip

Country

4. FEI Number

65-0952424

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

**LIPCON, MITCHELL J
SUITE: 400 - ONE DATRAN CENTER
9100 SOUTH DADELAND BLVD.
MIAMI FL 33156-7815**

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 reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 Max
Added to Fee

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☐ Delete
NAME	MARINO, KATHERYN S	
STREET ADDRESS	6540 N.W. 35TH AVENUE	
CITY- ST- ZIP	MIAMI FL 33147	
TITLE	D	☐ Delete
NAME	DEVARY, DEANNA D	
STREET ADDRESS	16115 S.W. 117TH AVE., #A-8	
CITY- ST- ZIP	MIAMI FL 33177	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
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STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
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STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Add
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TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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02/15/06-80035-001 600.00

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

SIGNATURE *Kathryn S. Marino* **KATHERYN S. MARINO**

01-30-06

305-836-6163