

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000087562

FILED
Jul 05, 2004
Secretary of State

Entity Name: SEELIFE AND COMPANY, INC.

Current Principal Place of Business:

2490 S.W. 4TH AVENUE
MIAMI, FL

New Principal Place of Business:

615 NE 115 ST
BISCAYNE PARK, FL 33161

Current Mailing Address:

2490 S.W. 4TH AVENUE
MIAMI, FL

New Mailing Address:

615 NE 115 ST
BISCAYNE PARK, FL 33161

FEI Number: 65-0866675

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, MATT
2490 S.W. 4TH AVENUE
MIAMI, FL US

Name and Address of New Registered Agent:

DAVIS, MATT
615 NE 115 ST
BISCAYNE PARK, FL 33161 US

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.

SIGNATURE:

07/05/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DAVIS, MATT
Address: 2490 S.W. 4TH AVENUE
City-St-Zip: MIAMI, FL 33129

Title: VSTD () Delete
Name: DAVIS, AMIE
Address: 2490 S.W. 4TH AVENUE
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DAVIS, MATT
Address: 615 NE 115 ST
City-St-Zip: BISCAYNE PARK, FL 33161

Title: VSTD (X) Change () Addition
Name: DAVIS, AMIE
Address: 615 NE 115 ST
City-St-Zip: BISCAYNE PARK, FL 33161

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATT DAVIS

PD

07/05/2004

Electronic Signature of Signing Officer or Director

Date