## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P99000084307

1. Entity Name SEAKING NEWBUILD, INC.



## FILED Apr 18, 2005 8:00 am Secretary of State

04-18-2005 90313 012 \*\*\*158.75

					1	Insi							
Principal Place of Business 3126 JOHN P. CURCI DRIVE BAY NO. 3 PEMBROKE PINES, FL 33009		3	Mailing Address 3126 JOHN P. CURCI DRIVE BAY NO. 3 PEMBROKE PINES, FL 33009				1 1 <b>3 3</b> 11 <b>3 3</b> 1	18 (31(1 18(4) B)	ENI BENI ESNI		00370		
2. Principal Place of Business 3			3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04122005	Chg	-P	CR2E0	34 (10/03)		
City & State			City & State				4. FEI Numb			•	<del></del>	plied For	
Zip Country			Zip Country				5. Certificate		Desired	$\overline{\lambda}$	\$8.75 Add	litional	
6. Name and Address of Current Regi			stored Agent				7. Name and Address of New Registered Agent						
	6. Name and Address of Cu	rrent nega	stereu Agent		Name		7. Name an	u Audress	OI NEW RE	gistereo <i>i</i>	Agent .		
MORGAN, LEWIS & BOCKIUS LLP 5300 FIRST UNION FINANCIAL CENTER					Street Address (P.O. Box Number is Not Acceptable)								
200 SOUTH BISCAYNE BOULEVARD MIAMI, FL 33131-2339													
					City		FL					Zip Code	
	named entity submits this statem ions of registered agent.  Signature, typed or printed name of registere						when reinstating)			DATE .			
	E NOW!!! FEE IS \$150.0 ay 1, 2005 Fee will be \$!		9. Election Campa Trust Fund Con	-	ncing		00 May Be ad to Fees						
10.	OFFICERS	AND DIRE	CTORS	11.			ADDITIONS	/CHANGE	S TO OFFI	CERS AND	DIRECTOR	S IN 11	
TITLE	D		☐ DeleteTITLE			۵					Change	Addition	
NAME	EURENFRIED, JAMES M		NAME		E	Eho	enfrie	6, 30	mes	Μ.	_/ ,	_	
STREET ADDRESS	1		STRE		ET ADDRESS	31.5	1 5W	かりも	dien	0.		•	
CITY-ST-ZIP	MIRAMAR, FL 33023		CITY		-ST-ZIP	V/ ~	amar,	FL	330	20			
TITLE	SD		□ Palete	☐ Delete TITLE		1-(11	arriar,	· •	<u> </u>	<u>~</u> /	Change	Addition	
NAME	WILD, BRUNO		NAM								C Grindings		
STREET ADDRESS	RTE PETIT - MONCOR				et address	ĺ							
CITY-ST-ZIP	C# 152 VILLARS SUR GLA	NE.			-ST-ZIP								
TITLE	TD	<u></u>	Detete	TITLI							☐ Change	Addition	
NAME	FRIES, PAUL		L Doicie	NAM.									
STREET ADDRESS	RTE PETIT - MONCOR				ET ADDRESS								
CITY-ST-ZIP	CH 152 VILLARS SUR GLA	NE,			-ST-ZIP								
TITLE	P		☐ Delete	TITLI							☐ Change	Addition	
NAME	HELLER, PATRICK			, NAM									
STREET ADDRESS	1864 NW 107TH TERR			STRE	ÉT ADORESS								
CITY-ST-ZIP	PLANTATION, FL 33322			CITY	- ST - ZIP	ł							
TITLE			☐ Delete	TITL	<del></del>						☐ Change	Addition	
NAME				NAM	E								
STREET ADDRESS				STRE	ET ADDRESS						,		
CITY-ST-ZIP				СПҮ	-ST-ZIP								
TITLE			☐ Delete	TITU							☐ Change	☐ Addition	
NAME				NAM	E	1					-		
STREET ADDRESS				STRE	et address								
CITY-ST-ZIP				CITY	- ST - ZIP								
12. I hereby	certify that the information supplie	d with this i	filing does not qualify fo	or the eve	motion stat	ted in Sec	ction 119 07/3	)(i) Florida	Statutos I	further cor	tifu that the i	formation	

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 received 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:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

12dpo/2000

954.961.6629