


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90069 031 ***150.00

DOCUMENT # P99000093785		
1. Entity Name SE PAC CORPORATION		

Principal Place of Business 8339 NW 64 ST MIAMI, FL 33166	Mailing Address 6701 SUNSET DRIVE SUITE 100 MIAMI, FL 33143
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2. Principal Place of Business - No P.O. Box # 5201 Blue Lagoon Dr.	3. Mailing Address
Suite, Apt. #, etc. 952/PH	Suite, Apt. #, etc.

City & State Miami FL	City & State
Zip 33126	Country U.S.A

40000



01082008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0762565	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MIGNOT, LUIS L 8339 N.W. 64TH ST. MIAMI, FL 33166	
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7. Name and Address of New Registered Agent	
Name Mignot Luis L.	
Street Address (P.O. Box Number is Not Acceptable) 5201 Blue Lagoon Dr., 952/PH	
City Miami	Zip Code FL 33126

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 <input checked="" type="checkbox"/> 	DATE 01-15-2008
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIGNOT, LUIS L L'ENTANG-BERTRAND MANCHE, FRANCE, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMPUDIA, BRUNO L BETUNIAS NO.22 JARDINES DE LA FLORIDA NAUCALPAN, MEXICO, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SELVA, SILVIA P CALLE CHILTIUPAN NO. 32B, EL SALVADOR, C.A., <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <input checked="" type="checkbox"/> 	DATE 01-15-2008
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