


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90285 018 \*\*\*150.00

**DOCUMENT # P03000064185**

1. Entity Name  
**SEB'S TRADES INC**



Principal Place of Business  
**33F VENETIAN WAY**  
**APT 85**  
**MIAMI BEACH, FL 33139 US**

Mailing Address  
**33F VENETIAN WAY**  
**APT 85**  
**MIAMI BEACH, FL 33139 US**

94054833

2. Principal Place of Business  
*Summit Brickell 51 SW 11 ST*  
 Suite, Apt. #, etc. **1319**

3. Mailing Address  
*Summit Brickell 51 SW 11 ST*  
 Suite, Apt. #, etc. **1319**



City & State  
**Miami, FL**

City & State  
**Miami, FL**

Zip  
**33130** Country **US**

Zip  
**33130** Country **US**

04052004 Chg-P CR2E034 (10/03)

4. FEI Number  
**20-0037317** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**KAROUBI, SEBASTIEN M SR**  
**33F VENETIAN WAY**  
**APT 85**  
**MIAMI BEACH, FL 33139**

7. Name and Address of New Registered Agent

Name **Sebastien M Karoubi SR**

Street Address (P.O. Box Number is Not Acceptable)  
**Summit Brickell**  
**51 SW 11 ST Suite 1319**

City **Miami FL 33130** **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 Sebastien M Karoubi SR 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, 2004 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 KAROUBI, SEBASTIEN M SR 33F VENETIAN WAY (APT 85) MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECR KAROUBI, SEBASTIEN M SR 33F VENETIAN WAY (APT 85) MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE - President MEHDI CHOUCANE 33F VENETIAN WAY SUITE 84 MIAMI BEACH, FL 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Sebastien Karoubi 51 SW 11 ST SUITE 1319 MIAMI, FL 33130	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECR Sebastien Karoubi 51 SW 11 ST SUITE 1319 MIAMI, FL 33130	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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: Sebastien M Karoubi SR President Sebastien Karoubi (305) 790-7500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #