

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000105016

FILED
Apr 10, 2009
Secretary of State

Entity Name: SEBU CORP

Current Principal Place of Business:

168 BROOKFIELD DR.
JACKSON, NJ 08527

New Principal Place of Business:

Current Mailing Address:

168 BROOKFIELD DR.
JACKSON, NJ 08527

New Mailing Address:

FEI Number: 20-1355591

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EMPIRE CORPORATE KIT OF AMERICA, INC.
2444 NW 7TH PL
MIAMI, FL 33127 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GORDON, MARIA
Address: 84 SHORE DRIVE WEST
City-St-Zip: MIAMI, FL 33133

Title: VD () Delete
Name: GORDON, BRIAN
Address: 84 SHORE DRIVE WEST
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GORDON, MARIA
Address: 168 BROOKFIELD DRIVE
City-St-Zip: JACKSON, NJ 08527

Title: VD (X) Change () Addition
Name: GORDON, BRIAN
Address: 168 BROOKFIELD DRIVE
City-St-Zip: JACKSON, NJ 08527

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MARIA GORDON

PD

04/10/2009

Electronic Signature of Signing Officer or Director

_____ Date