

# COVER SHEET

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SEC Registration Number

S E A F R O N T      R E S O U R C E S      C O R P O R A T I O N

(Company's Full Name)

7 T H   F L O O R   J M T   B U I L D I N G

A D B   A V E N U E   O R T I G A S   C E N T E R

P A S I G   C I T Y

(Business Address: No. Street City/Town/Province)

**ARLAN P. PROFETA**  
 (Contact Person)

**637-2917**  
 (Company Telephone Number)

1 2

Month      Day  
(Fiscal Year)

3 1

A
C
G
R

Month  
(Annual Meeting)

Day

 

(Secondary License Type, If Applicable)

 

Dept. Requiring this Doc.

 

Amended Articles Number/Section

 

Total No. of Stockholders

Total Amount of Borrowings

Domestic

Foreign

To be accomplished by SEC Personnel concerned

 

File Number

LCU

 

Document ID

Cashier

S T A M P S

Remarks: Please use BLACK ink for scanning purposes.