

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001415

FILED  
Jan 21, 2009  
Secretary of State

Entity Name: SERAPHIC FIRE, INC.

**Current Principal Place of Business:**

536 CORAL WAY  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

536 CORAL WAY  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 20-0725426

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHULTE, JOANNE N  
536 CORAL WAY  
CORAL GABLES, FL 33134 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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: NORMAN SCHULTE, JOANNE  
Address: 600 CORAL WAY  
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete  
Name: QUIGLEY, PATRICK D  
Address: 1525 PENNSYLVANIA AVE., APT. 15  
City-St-Zip: MIAMI BEACH, FL 33139

Title: D ( ) Delete  
Name: CASTILLA, ALICIA  
Address: 1448 ALEGRIANO AVENUE  
City-St-Zip: CORAL GABLES, FL 33146

Title: D ( ) Delete  
Name: HENRIQUES, CHARLES  
Address: 8405 SW 81ST TERRACE  
City-St-Zip: MIAMI, FL 33143

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICK DUPRE QUIGLEY

MR.

01/21/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date