


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000066602**

1. Entity Name  
**SERGRAPH CORPORATION**



Principal Place of Business 4419 N.W. 97 CT. MIAMI, FL 33178	Mailing Address 4419 N.W. 97 CT. MIAMI, FL 33178
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**DO NOT WRITE IN THIS SPACE**



03132004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1118435	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**AVEDANO, JOSE WILLIAM**  
**6955 NW 77TH AVENUE**  
**SUITE 306**  
**MIAMI, FL 33166**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
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	PD POLANCO, MARIA VIVIAN 10893 N.W. 7TH ST., APT. 11 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GUARIN, IDALY E 4419 N.W. 97 CT. MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

03/19/04 88464  
 05/03/04-801168-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Maria Vivian Polanco* **MARIA VIVIAN POLANCO** **PRESIDENT** **03/19/04** **(786) 3997293** **(305) 479-0457**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR