

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004, 08:00 AM
Secretary of State

DOCUMENT # P94000082674



1. Entity Name
 SERENITY PLACE, INC.

Principal Place of Business Mailing Address
 105 NE 4TH ST. 105 NE 4TH ST.
 FT. LAUDERDALE, FL 33301 US FT. LAUDERDALE, FL 33301 US



04022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0535474	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

FINEBERG, LIBO B
 3500 GATEWAY DR
 SUITE 201
 POMPANO BEACH, FL 33069

DO NOT WRITE IN THIS SPACE

8. The above named entry 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 _____ 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	PSTD FINEBERG, ESTELLE 105 NE 4TH ST. FT. LAUDERDALE, FL
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 04/05/04-80034-022 150.00

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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: Estelle Fineberg 4/6/04 954-766-9964
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #