

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007310

FILED
Apr 11, 2005
Secretary of State

Entity Name: SERGOD MISSION INTERNATIONAL, INC.

Current Principal Place of Business:

8633 NW 57 CT
CORAL SPRINGS, FL 33067

New Principal Place of Business:

Current Mailing Address:

8633 NW 57 CT
CORAL SPRINGS, FL 33067

New Mailing Address:

FEI Number: 65-1152364 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VARGHESE, JOHN
8633 NW 57 CT
CORAL SPRINGS, FL 33067 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: P () Delete
Name: VARGHESE, JOHN
Address: 8633 NW 57 CT
City-St-Zip: CORAL SPRINGS, FL 33067

Title: TD () Delete
Name: KOCHUMMAN, JACOB
Address: 8633 NW 57 CT
City-St-Zip: CORAL SPRINGS, FL 33067

Title: SD () Delete
Name: VARGHESE, LILLY
Address: 8633 NW 57 CT
City-St-Zip: CORAL SPRINGS, FL 33067

Title: D () Delete
Name: VARGHESE, TINA
Address: 8633 NW 57 CT
City-St-Zip: CORAL SPRINGS, FL 33067

Title: VP () Delete
Name: PANICKER, YOHANNAN
Address: 15600 LANCE POINT PLACE
City-St-Zip: DAVIE, FL 33331

Title: D () Delete
Name: VARGHESE, ANISHA S
Address: 8633 N W 57 CT
City-St-Zip: CORAL SPRINGS, FL 33067

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
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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 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 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: JOHN VARGHESE

PRES

04/11/2005

Electronic Signature of Signing Officer or Director

_____ Date