

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000011111

Entity Name: SERENITY ROW, INC.**Current Principal Place of Business:**3673 ELIZABETH STREET
LAKE WORTH, FL 33461**Current Mailing Address:**3673 ELIZABETH STREET
LAKE WORTH, FL 33461**FEI Number:** 27-1175013**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LOPEZ, ALLISON
3673 ELIZABETH STREET
LAKE WORTH, FL 33461 US*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**Officer/Director Detail :**

Title	D
Name	LOPEZ, ALLISON
Address	3673 ELIZABETH STREET
City-State-Zip:	LAKE WORTH FL 33461

Title	D
Name	MAURER, DOUGLAS
Address	13803 157TH CT N
City-State-Zip:	JUPITER FL 33478

Title	D
Name	MATIAS, AMELIA
Address	2463 SUNDY AVE
City-State-Zip:	DELRAY BEACH FL 33444

Title	D
Name	LOPEZ, ALLISON
Address	3673 ELIZABETH STREET
City-State-Zip:	LAKE WORTH FL 33461

Title	D
Name	LOPEZ, ALLISON
Address	3673 ELIZABETH STREET
City-State-Zip:	LAKE WORTH FL 33461

Title	D
Name	LOPEZ, ALLISON
Address	3673 ELIZABETH STREET
City-State-Zip:	LAKE WORTH FL 33461

I hereby 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 all other like empowered.

SIGNATURE: ALLISON LOPEZ**DIRECTOR****01/14/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date