

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000045404

**FILED  
Apr 30, 2014  
Secretary of State  
CC8041993026**

**Entity Name:** SERENE TOURS DMC AFRICA TRAVEL & SAFARIS INC.

**Current Principal Place of Business:**

250 GABRIEL CIRCLE  
RESIDENCE SAPPHIRE LAKES; APT. # 9  
NAPLES, FL 34104

**Current Mailing Address:**

250 GABRIEL CIRCLE  
RESIDENCE SAPPHIRE LAKES; APT. # 9  
NAPLES, FL 34104 US

**FEI Number:** 30-0783462

**Certificate of Status Desired:** Yes

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

ETIENNE, XAVIER MAX MR.  
250 GABRIEL CIRCLE  
RESIDENCE SAPPHIRE LAKES; APT. # 9  
NAPLES, FL 34104 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 P  
Name ETIENNE, XAVIER MAX MR.  
Address 250 GABRIEL CIRCLE; APT. # 9  
City-State-Zip: NAPLES FL 34104

Title VP  
Name MOUGIN, JACQUES CLAUDE MR.  
Address 250 GABRIEL CIRCLE; APT. # 9  
City-State-Zip: NAPLES FL 34104

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

**SIGNATURE:** XAVIER MAX ETIENNE

**INC. PRESIDENT / MR**

**04/30/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date