2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT #368794

1. Entity Name SERRAES MANAGEMENT COMPANY



FILED Mar 10, 2008 08:00 AN **Secretary of State**

Principal Place of Business (AV)
1243-52ND ST

UNIT#3 MANGONIA PARK, FL 33407 UNIT#3

MANGONIA PARK, FL 33407



DO NOT WRITE IN THIS SPACE

03062008 No Chg-P CR2E034 (11/05)

Applied For 4. FFI Number 59-0871573 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

SERRAES, GINA R. 1243-52ND ST. UNIT#3 MANGONIA, FL 33407

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pitions of registered agent.	urpose of changing its registered of	ffice or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.					
	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered Ag	nt signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Financin Trust Fund Contribution.	g 	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS		· ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SERRAES,EUGENE A 288 MARLBERRY CIRCLE JUPITER, FL 33458				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SERRAES, NORRENE E. 288 MARLBERRY CIRCLE JUPITER, FL 33458				U00000853804 03/26/08~80082-017 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SERRAES, GINA R. 221 SHOREWOOD WAY JUPITER, FL			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD SERRAES, WILLIAM G. 401 PRIVATEER ROAD NORTH PALM BEACH, FL 33408			IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

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NAME STREET ADDRESS CITY-ST-ZIP

INTED NAME OF SIGNING OFFICER OR DIRECTOR

Gina Serraes

3/0/08

561-848-6656

Daytime Phone #