2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 368794

Title:

Name:

Address:

City-St-Zip:

VPSD

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NORTH PALM BEACH, FL 33408

SERRAES, WILLIAM G.,

401 PRIVATEER ROAD

FILED Jan 14, 2009 Secretary of State

Entity Name: SERRAES MANAGEMENT COMPANY							
Current Principal Place of Business:				New Principal Place of Business:			
1243-52ND UNIT#3 MANGONI) ST. A PARK, FL	33407					
Current Mailing Address:				New Mailing Address:			
1243-52ND ST. UNIT#3 MANGONIA PARK, FL 33407				1243-52ND ST. UNIT #3 MANGONIA PARK, FL 33407			
FEI Number:	59-0871573	FEI Number Applied For ()	FEI Num	ber Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
SERRAES, GINA R. 1243-52ND ST. UNIT#3 MANGONIA, FL 33407 US				SERRAES, GINA R 1243-52ND ST. UNIT#3 MANGONIA, FL 33407 US			
The above in the State		y submits this statement for the p	ourpose of	changing i	ts registered	office or registered agent, or both,	
SIGNATURE: GINA R. SERRAES				01/14/2009			
	Electr	onic Signature of Registered Age	ent			Date	
Election Can	npaign Financ	ing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	SERRAES,E	RRY CIRCLE		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	SERRAES, N	RRY CIRCLE		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	PTD SERRAES, G 221 SHOREN JUPITER, FL	WOOD WAY		Title: Name: Address: City-St-Zip:	PTD SERRAES, G 221 SHORE\ JUPITER, FL	WOOD WAY	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: GINA R. SERRAES **PRES** 01/14/2009

() Change () Addition