
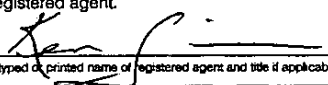
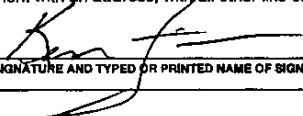


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 19, 2005 8:00 am**  
**Secretary of State**

01-19-2005 90002 032 \*\*\*150.00

DOCUMENT # F01000003474			
1. Entity Name SERALYN SYSTEMS, INC.			
Principal Place of Business 2626 NW 97 AVE. MIAMI, FL 33172		Mailing Address 2626 NW 97 AVE. MIAMI, FL 33172	
2. Principal Place of Business 2330 NW 102 Pl.		3. Mailing Address 2330 NW 102 Pl.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Doral, Florida		City & State Doral, Florida	
Zip 33172	Country USA	Zip 33172	Country USA
6. Name and Address of Current Registered Agent FIELDS, KEN 2626 NW 97 AVE MIAMI, FL 33172		7. Name and Address of New Registered Agent Name: Ken Fields Street Address (P.O. Box Number is Not Acceptable): 2330 NW 102 Pl. City: Doral FL Zip Code: 33172	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: 		DATE:	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FIELDS, KENNETH 2626 NW 97 AVE. MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2330 NW 102 Pl. Doral, Florida 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NARASIMHAN, JAGDISH 35625 GLEASON LANE FREEMONT, CA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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.			
SIGNATURE: 		Date: 19 JAN 05	Daytime Phone #: 305-718-0718
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

50003419



01132005 Chg-P CR2E034 (10/03)

4. FEI Number 77-0490892 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required