
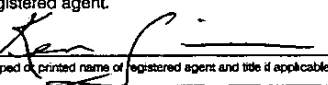
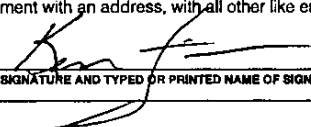


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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		4. FEI Number 77-0490892	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
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:  (NOTE: Registered Agent signature required when reinstating) DATE:					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			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	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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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:  19 JAN 05 305-718-0718 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

50003419



01132005 Chg-P CR2E034 (10/03)