

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000003488

Entity Name: SENDA INC.

FILED  
Feb 26, 2009  
Secretary of State

## Current Principal Place of Business:

3501 DEL PRADO BLVD S  
STE 302  
CAPE CORAL, FL 33904 US

## Current Mailing Address:

3501 DEL PRADO BLVD S  
STE 302  
CAPE CORAL, FL 33904 US

## New Principal Place of Business:

3501 DEL PRADO BLVD S  
STE 301  
CAPE CORAL, FL 33904 US

## New Mailing Address:

3501 DEL PRADO BLVD S  
STE 301  
CAPE CORAL, FL 33904 US

FEI Number: 98-0154732

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GALLAGHER, JOHN  
3501 DEL PRADO BLVD S  
STE 302  
CAPE CORAL, FL 33904 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PCTD ( ) Delete  
Name: ARNESS, ATIS  
Address: 3501 DEL PRADO BLVD S STE 302  
City-St-Zip: CAPE CORAL, FL 33904

Title: VSD ( ) Delete  
Name: ARNESS, IVETA  
Address: 3501 DEL PRADO BLVD S STE 302  
City-St-Zip: CAPE CORAL, FL 33904

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCTD (X) Change ( ) Addition  
Name: ARNESS, ATIS  
Address: 3160 SEASONS WAY UNIT 707  
City-St-Zip: ESTERO, FL 33928

Title: VSD (X) Change ( ) Addition  
Name: ARNESS, IVETA  
Address: 3160 SEASONS WAY UNIT 707  
City-St-Zip: ESTERO, FL 33928

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.

SIGNATURE: ATIS ARNESS

P

02/26/2009

Electronic Signature of Signing Officer or Director

Date