


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90019 018 ***158.75

DOCUMENT # G97622 1. Entity Name SERRAES CONSTRUCTION GENERAL CONTRACTOR, INC.					
Principal Place of Business 1300 53RD ST. WEST PALM BEACH, FL 33407-2288 US			Mailing Address 1300 53RD ST. WEST PALM BEACH, FL 33407-2288 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2390689	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
O'CONNELL, BRIAN M. 515 N FLAGLER DR. WEST PALM BEACH, FL 33402				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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, 2004 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	DVS SERRAES, MARTIN EUGENE 5137 EL CLARO CIRCLE W. PALM BEACH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	4187 HUNTING TRAIL LAKE WORTH, FL 33467	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT SERRAES, ANDREA MARIE 221 SHOREWOOD WAY JUPITER, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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: <i>[Signature]</i> President			Date: 1/7/04 Daytime Phone #: 561-848-6607		