

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90281 022 ***150.00

DOCUMENT # H11235

1. Entity Name
SERRAO OPTICAL INTERNATIONAL, INC.



Principal Place of Business
**2922 NW 72ND AVENUE
SUITE 222
MIAMI, FL 33122**

Mailing Address
**2922 NW 72ND AVENUE
SUITE 222
MIAMI, FL 33122**

2. Principal Place of Business

3. Mailing Address **C/O ARTHUR I. BROWN
14707 SOUTH DIXIE HIGHWAY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE # 200

City & State

City & State
MIAMI, FL.

Zip

Country

Zip
33176

Country

USA

04262004

Chg-P

CR2E034 (10/03)

4. FEI Number
65-0007699

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SERRAO, CYRIL
505 N.E. 30TH STREET
APT. 304
MIAMI, FL 33137**

7. Name and Address of New Registered Agent

Name **ARTHUR I. BROWN**

Street Address (P.O. Box Number is Not Acceptable)

**14707 SOUTH DIXIE HIGHWAY
SUITE # 200**

City **MIAMI**

FL Zip Code
33176

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

ARTHUR I. BROWN

(NOTE: Registered Agent signature required when reinstating)

4/27/04

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **SERRAO, CYRIL**
STREET ADDRESS **505 NE 30TH ST. #304**
CITY-ST-ZIP **MIAMI, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **ARTHUR I. BROWN**
STREET ADDRESS **14707 SOUTH DIXIE HWY., SUITE 200**
CITY-ST-ZIP **MIAMI, FL 33176**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, without other like empowered.

SIGNATURE:

[Signature]

ARTHUR I. BROWN

4/27/04

(305) 233-3212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #