2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED Feb 04, 2008 08:00 AN DOCUMENT # K44634 1. Entity Name **Secretary of State** R. SERROS ENTERPRISES, INC. Principal Place of Business Mailing Address 115 W. COLUMBOA ST 115 W. COLUMBOA ST ORLANDO, FL 32806 ORLANDO, FL 32806 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 65-0085057 Not Applicable Zπ Country Ζφ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SERROS, ROBERT N. Street Address (P.O. Box Number is Not Acceptable) 115 W. COLUMBOA ST ORLANDO, FL 32806 City Zip Code 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 colligations of n SIGNATURE Signature, typed or crimed name of registered scient and the Trippicascie. (NOTE: Registraed Agent eignaturn required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Change Addition Detete NAME SERROS, ROBERT N. NAME STREET ADDRESS 115 W. COLUMBOA ST STREET ADDRESS U00000814133 '13708–80030–018<u>150.00</u> CITY -ST-ZIP ORLANDO, FL 32806 CITY-ST-ZIP IIII F Delete TITLE Addition NAME SERROS, ROSALEE NAME 115 W. COLUMBOA ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32806 CITY-ST-ZIP THE Derete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 1111.5 ☐ Darete Change ■ Addition NAME STREET ADDRESS STREE! ADDRESS CITY-SI-ZIP CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Addition TITLE Defete Change NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not gualify for the exemptions contained in Section 119, 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 betti, 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 experimental report is true and accurate and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with experimental report is true and accurate and that my signature shall have the same legal effect as if made under onth, 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 experimental report is true and accurate and that my signature shall have the same legal effect as if made under onth, 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.