

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2008 08:00 AM
Secretary of State

DOCUMENT # K96804

1. Entity Name
SERAPHIM & ASSOCIATES, INC.



Principal Place of Business
501 EAST BAY DR
UNIT 1801
LARGO, FL 33770 US

Mailing Address
P. O. BOX 784
CAMBRIDGE, ONTARIO N1R5W6
CANADA, XX



05202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-2995654 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SERAPHIM, NICKOLAS
501 EAST BAY DR
UNIT 1801
LARGO, FL 33770

DO NOT WRITE IN THIS SPACE

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 re-registering) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------------------|
| TITLE | PVST |
| NAME | SERAPHIM, PAUL |
| STREET ADDRESS | 501 EAST BAY DR, UNIT #1801 |
| CITY-ST-ZIP | LARGO, FL 33770 |

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 06/04/08-80076-017 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Paul Seraphim* **PAUL SERAPHIM** MAN. 18 08 519-632-9215
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #