

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001415

FILED  
Jul 26, 2006  
Secretary of State

Entity Name: SERAPHIC FIRE, INC.

## Current Principal Place of Business:

4689 PONCE DE LEON BLVD.  
SUITE 300  
CORAL GABLES, FL 33146

## New Principal Place of Business:

536 CORAL WAY  
CORAL GABLES, FL 33134

## Current Mailing Address:

4689 PONCE DE LEON BLVD.  
SUITE 300  
CORAL GABLES, FL 33146

## New Mailing Address:

536 CORAL WAY  
CORAL GABLES, FL 33134

FEI Number: 20-0725426      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

SCHULTE, JOANNE N  
536 CORAL WAY  
CORAL GABLES, FL 33134      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

## OFFICERS AND DIRECTORS:

Title: D      ( ) Delete  
Name: NORMAN SCHULTE, JOANNE  
Address: 6210 MAGGIORE STREET  
City-St-Zip: CORAL GABLES, FL 33146

Title: D      ( ) Delete  
Name: O'DOHERTY, JUDE  
Address: 8081 S.W. 54 COURT  
City-St-Zip: MIAMI, FL 33143

Title: D      ( ) Delete  
Name: REYES, JOE  
Address: 6701 SUNSET DRIVE #100  
City-St-Zip: MIAMI, FL 33143

Title: D      ( ) Delete  
Name: COLLONGETTE, ANA  
Address: 1036 SOROLLA AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

Title: D      (X) Delete  
Name: CORBITT, AURELIA  
Address: 7400 MONACO STREET  
City-St-Zip: CORAL GABLES, FL 33143

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: QUIGLEY, PATRICK D  
Address: 3401 S LE JEUNE RD  
City-St-Zip: MIAMI, FL 33134

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICK QUIGLEY

D

07/26/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date