

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001415

FILED
Apr 17, 2007
Secretary of State

Entity Name: SERAPHIC FIRE, INC.

Current Principal Place of Business:

536 CORAL WAY
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

536 CORAL WAY
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-0725426

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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: QUIGLEY, PATRICK D
Address: 3401 S LE JEUNE RD
City-St-Zip: MIAMI, FL 33134

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: NORMAN SCHULTE, JOANNE
Address: 600 CORAL WAY
City-St-Zip: CORAL GABLES, FL 33134

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

Title: D (X) Change () Addition
Name: CASTILLA, ALICIA
Address: 1448 ALEGRIANO AVENUE
City-St-Zip: CORAL GABLES, FL 33146

Title: D (X) Change () Addition
Name: HENRIQUES, CHARLES
Address: 8405 SW 81ST TERRACE
City-St-Zip: MIAMI, FL 33143

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: JOANNE N. SCHULTE

MRS

04/17/2007

Electronic Signature of Signing Officer or Director

Date