

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 08, 2011
Secretary of State

DOCUMENT# N04000001415

Entity Name: SERAPHIC FIRE, INC.**Current Principal Place of Business:**2153 CORAL WAY
SUITE 401
MIAMI, FL 33145**New Principal Place of Business:****Current Mailing Address:**2153 CORAL WAY
SUITE 401
MIAMI, FL 33145**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
1900 CORAL WAY
301
MIAMI, FL 33145 US**Name and Address of New Registered Agent:**SCHULTE, JOANNE N
2153 CORAL WAY
401
MIAMI, FL 33145 US

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:

11/08/2011

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**

Title: CD
Name: SCHULTE, JOANNE N
Address: 600 CORAL WAY
City-St-Zip: CORAL GABLES, FL 33134

Title: TD
Name: JOHN, QUAINANCE
Address: 333 LAS OLAS WAY, APT. 3105
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: SD
Name: CASTILLA, ALICIA
Address: 1448 ALEGRIANO AVENUE
City-St-Zip: CORAL GABLES, FL 33146

Title: D
Name: DANIEL, CIPHER
Address: 2040 SE 19TH STREET
City-St-Zip: LAUDERDALE BY THE SEA, FL 33062

Title: D
Name: QUICK, THOM
Address: 1479 NW 127 WAY
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D
Name: EDMUNDO, PEREZ DE COBOS
Address: 799 CRANDON BLVD., APT. 206
City-St-Zip: KEY BISCAYNE, FL 33149

I hereby 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 all other like empowered.

SIGNATURE: JOANNE N. SCHULTE

CD

11/08/2011

Electronic Signature of Signing Officer or Director_____
Date