

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90211 049 ***155.00

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04262005 Chg-P CR2E034 (10/03)

DOCUMENT # P00000061624 1. Entity Name SEREXPORT, INC.					
Principal Place of Business 7752 NW 64TH STREET MIAMI, FL 33166			Mailing Address 7752 NW 64TH STREET MIAMI, FL 33166		
2. Principal Place of Business 2367 W. 80 street Suite, Apt. #, etc. Nº 1 City & State HIALEAH, FL Zip 33016		3. Mailing Address 2367 W. 80 street Suite, Apt. #, etc. Nº 1 City & State HIALEAH, FL Zip 33016		4. FEI Number 65-1020125 Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RIVERA, MARITZA 11201 SW 55TH STREET, #269 MIRAMAR, FL 33025				7. Name and Address of New Registered Agent Name RIVERA, MARITZA Street Address (P.O. Box Number is Not Acceptable) 4073 W. 8 ct City HIALEAH FL Zip Code 33012	
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 reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD <input type="checkbox"/> Delete RIVERA, MARTIZA 11201 SW 55TH STREET, #269 MIRAMAR, FL 33025		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RIVERA, MARITZA 4073 W. 8 ct. HIALEAH, FL 33012	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: RIVERA, MARITZA <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4-26-05 Daytime Phone # 305-817-3301		