


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90028 008 \*\*\*150.00

<b>DOCUMENT # P01000006354</b>	
1. Entity Name SERPAS, INC.	

Principal Place of Business 24214 FALLS RIDGE WAY BOCA RATON, FL 33428	Mailing Address 24214 FALLS RIDGE WAY 300 FOREST VALLEY CT BOCA RATON, FL 33428 ATLANTA GA 30342
--	---

**DO NOT WRITE IN THIS SPACE**

03232004 No Chg-P CR2E034 (10/03)

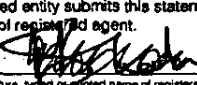
4. FEI Number 65-1073584	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SHAH, HARSHAD  
24214 FALLS RIDGE WAY 300 FOREST VALLEY CT  
BOCA RATON, FL 33428 ATLANTA GA 30342  
MR. Bhupen VAKHARIA, CPA  
7797 NORTH UNIVERSITY DR, SUITE 205

**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:  X Bhupen Vakharia (NOTE: Registered Agent signature required when reinstating) DATE: March 26, 2004

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---


10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAH, HARSHAD 24214 FALLS RIDGE WAY 300 FOREST VALLEY CT BOCA RATON, FL 33428 ATLANTA GA 30342
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAH, SANDHYA 24214 FALLS RIDGE WAY 300 FOREST VALLEY CT BOCA RATON, FL 33428 ATLANTA GA 30342
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

**DO NOT WRITE  
IN THIS SPACE**

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:  MARCH 26, 2004 404 252 7232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

attest

66418322  
# P01000006354

DOCUMENT # P01000006354		
1. Entity Name SERPAS, INC.		

Principal Place of Business <del>21214 FALLS RIDGE WAY BOCA RATON FL 33428</del> 300 FOREST VALLEY CT ATLANTA GA 30342	Mailing Address <del>21214 FALLS RIDGE WAY BOCA RATON FL 33428</del> 300 FOREST VALLEY CT ATLANTA GA 30342
---	---

2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-1073584	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  SHAH, HARSHAD 21214 FALLS RIDGE WAY BOCA RATON FL 33428	7. Name and Address of New Registered Agent Name: MR. BHUPEN VAKHARIA Street Address (P.O. Box Number is Not Acceptable) 7797 NORTH UNIVERSITY DRIVE SUITE 205 City: TAMARAC FL Zip Code: 33321
--	--

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: X Bhupen Vakhar DATE: 3/26/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<p><b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
--	---

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	SHAH, HARSHAD
STREET ADDRESS	21214 FALLS RIDGE WAY
CITY-ST-ZIP	BOCA RATON FL 33428
TITLE	D <input type="checkbox"/> Delete
NAME	SHAH, SANDHYA
STREET ADDRESS	21214 FALLS RIDGE WAY
CITY-ST-ZIP	BOCA RATON FL 33428
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Harshad Shah DATE: 3/26/2004 DAYTIME PHONE #: 404-252-7232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR