2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)								FILED			
DOCUMENT # P0100009066 1. Entity Name								Feb 25, 2004 08:00 AM Secretary of State			
SERCOINCA, INC.								Secretary	01 512	ııc	
Principal Place of Business Mailing Address						·!					
3900 NW 79 AVE SUITE 532 MIAMI FL 33166				3900 NW 79 AVE SUITE 532 MIAMI FL 33166				i 1999/900 ili odine man dani dalir odin dalir odine	i (2777 2277) û din di	111 58 1 J1 3 28 1	
2. Principal P	face of Busin	ness	3. Ma	3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.					4 (11/03)	<u> </u>	
City & State				City & State				4. FEI Number 65-1093984	No	oplied For ot Applicable	
Zip			Zip	<u> </u>		ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required				
Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name					
CARRERO, JUAN G 9551 FOUNTAINEBLEAU BLVD						Street Address (P.O. Box Number is Not Acceptable)					
APT 401 MIAMI FL 33172											
1407-7	1411 1 L. 00	172				City		FI	Zip Code	e	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be											
		14 Fee Will be \$5 5 Florida Departr								to Fees	
10.			S AND DIRECTO	DRS	11.	·		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR!	5 IN 11	
TITLE	Р			☐ Delete	TITL				☐ Change	Addition	
NAME	CARRERO, JUAN G					E		000000066458 -02/26/04-80016	.010 150		
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STREET ADDRESS City-St-Zip					1	ET ADDRESS -ST-ZIP					
12. I hereby certify that the information supplied with this filling 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 of visites 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 phie Nike empowered.											
11 110											
SIGNATURE: 400-147ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Pale Dayurse Phane #											