

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 07, 2004 08:00 AM  
Secretary of State

DOCUMENT # P01000009233

1. Entity Name  
SERENGETTI ARCHITECTURE, INC.



Principal Place of Business  
6600 NW 4TH PLACE  
PLANTATION, FL 33317

Mailing Address  
6600 NW 4TH PLACE  
PLANTATION, FL 33317



02032004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1084808

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

ATTAH, ADAM N  
6600 NW 4TH PLACE  
PLANTATION, FL 33317

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

02/04/2004

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	ATTAH, ADAM N
STREET ADDRESS	6600 NW 4TH PLACE
CITY - ST - ZIP	PLANTATION, FL 33317
TITLE	DV
NAME	ATTAH, VALENTINA
STREET ADDRESS	6600 NW 4TH PLACE
CITY - ST - ZIP	PLANTATION, FL 33317
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000039700  
02/09/04-80017-002 150.00

**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:

ATTAH, ADAM N

Date

Daytime Phone #

02/04/2004

(454) 797-2885