


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90768 039 ***150.00

DOCUMENT # P02000050085
1. Entity Name
SERENA BAY COMPANY



DO NOT WRITE IN THIS SPACE

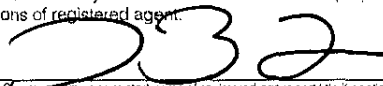
90117912

2. Principal Place of Business 799 Crandon Blvd		3. Mailing Address 799 Crandon Blvd	
Suite, Apt. #, etc. Unit 208		Suite, Apt. #, etc. Unit 208	
City & State Key Biscayne, FL		City & State Key Biscayne, FL	
Zip 33149	Country U.S.A	Zip 33149	Country U.S.A

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent		
	Name Leonardo F. Brito, Esq.		
	Street Address (P.O. Box Number is Not Acceptable) 1001 Brickell Bay Drive Suite 2112		
	City Miami	FL	Zip Code 33131

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.

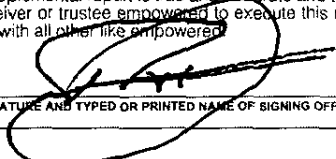
SIGNATURE  **Leonardo F. Brito, Esq.** DATE **4/29/03**

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

<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 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>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR CAMPIONI, PATRICIO JOSE 799 CRANDON BLVD., UNIT 208 KEY BISCAYNE FL 33140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DE CAMPIONI, JOSEFINA S 799 CRANDON BLVD., UNIT 208 KEY BISCAYNE FL 33140	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
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **Patricio J. Campiani** Date **04/29/30** Daytime Phone # **305.931.8889**

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

CR2E034B (12/02)