
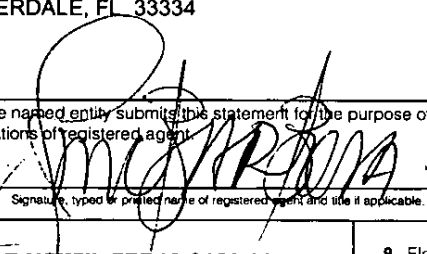
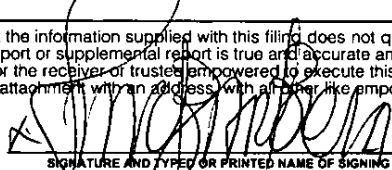


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90020 006 \*\*\*150.00

<b>DOCUMENT # P02000112231</b>					
<b>1. Entity Name</b> <b>SERGERM INC.</b>					
<b>Principal Place of Business</b> 5641 NE 18TH AVE #201 FT LAUDERDALE, FL 33334			<b>Mailing Address</b> 5641 NE 18TH AVE #201 FT LAUDERDALE, FL 33334		
<b>2. Principal Place of Business - No P.O. Box #</b> SAME AS ABOVE		<b>3. Mailing Address</b> SAME AS ABOVE		02172007    Chg-P    CR2E034 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>4. FEI Number</b> 45-0488366	
<b>City &amp; State</b>		<b>City &amp; State</b>		Applied For <input type="checkbox"/> Not Applicable	
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
BARBOSA, JOSE M 5641 NE 18TH AVE #201 FT LAUDERDALE, FL 33334			Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code		
<b>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.</b>					
SIGNATURE: 			DATE: 02/17/07		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE: OP <input type="checkbox"/> Delete NAME: BARBOSA, JOSE M STREET ADDRESS: 5641 NE 18TH AVE #201 CITY-ST-ZIP: FT LAUDERDALE, FL 33334			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: PVT <input checked="" type="checkbox"/> Delete NAME: BARBOSA, JOSE M STREET ADDRESS: 5641 NE 18TH AVE #201 CITY-ST-ZIP: FT LAUDERDALE, FL 33334			TITLE: VT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: BARBOSA, DENISE STREET ADDRESS: 5641 NE 18TH AVE #201 CITY-ST-ZIP: FT LAUDERDALE, FL 33334		
TITLE: <input type="checkbox"/> Delete NAME: <input type="checkbox"/> Delete STREET ADDRESS: <input type="checkbox"/> Delete CITY-ST-ZIP: <input type="checkbox"/> Delete			TITLE: S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: BARBOSA, HAMILTON STREET ADDRESS: 5641 NE 18TH AVE #201 CITY-ST-ZIP: FT LAUDERDALE, FL 33334		
TITLE: <input type="checkbox"/> Delete NAME: <input type="checkbox"/> Delete STREET ADDRESS: <input type="checkbox"/> Delete CITY-ST-ZIP: <input type="checkbox"/> Delete			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 an officer like empowered.</b>					
<b>SIGNATURE:</b> 			02/17/07    (954) 229-9060		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date    Daytime Phone #		