

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90684 018 ***150.00

DOCUMENT # P03000007109	
1. Entity Name SERCOMEX, INC.	

Principal Place of Business 10227 EASTMAR COMMONS BLVD., #1932 ORLANDO, FL 32825	Mailing Address 10227 EASTMAR COMMONS BLVD., #1932 ORLANDO, FL 32825
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94051113



2. Principal Place of Business 1111 KNIGHTSBRIDGE CIR Suite, Apt. #, etc.	3. Mailing Address 1111 KNIGHTSBRIDGE CIR Suite, Apt. #, etc.
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04052004 Chg-P CR2E034 (10/03)

City & State DAVENPORT, FL	City & State DAVENPORT, FL
Zip 33896-5055	Zip 33896-5055
Country	Country

4. FEI Number 54-2098140	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CABRERA, OSCAR A 9005 S.W. 168TH COURT MIAMI, FL 33196	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

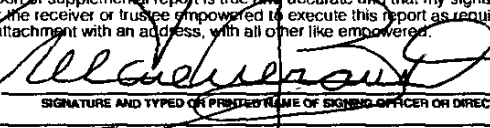
FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHAVEZ-BAIRD, MANUEL 10227 EASTMAR COMMONS BLVD., #1932 ORLANDO, FL 32825 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAVEZ, PAMELA E 10227 EASTMAR COMMONS BLVD., #1932 ORLANDO, FL 32825 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAVEZ, JUAN M 513 CEDAR BEND CIR., #201 ORLANDO, FL 32825 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAVEZ, VALERIE 2550 N. ALFAYA TRL., #10302 ORLANDO, FL 32826 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAVEZ, PABLO A 10227 EASTMAR COMMONS BLVD., #1932 ORLANDO, FL 32825 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1111 KNIGHTSBRIDGE CIR. DAVENPORT, FL 33896-5055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1111 KNIGHTSBRIDGE CIR. DAVENPORT, FL 33896-5055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1111 KNIGHTSBRIDGE CIR DAVENPORT, FL 33896-5055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-05-04 **407-729-9914**
Date Daytime Phone #