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.

94051119

04052004 Chg-P CR2E034 (10/03)

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

2. Principal Place of Business	3. Mailing Address
1111 KNIGHTSBRIDGE CIR Suite, Apt. #, etc.	1111 KNIGHTSBRIDGE CIR Suite, Apt. #, etc.
City & State: DAVENPORT, FL	City & State: DAVENPORT, FL
Zip: 33896-5055 Country:	Zip: 33896-5055 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	7. Name and Address of New Registered Agent
CABRERA, OSCAR A 9005 S.W. 168TH COURT MIAMI, FL 33196	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	☒ Change ☐ Addition 1111 KNIGHTSBRIDGE CIR. DAVENPORT, FL 33896-5055.
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	☒ Change ☐ Addition 1111 KNIGHTSBRIDGE CIR. DAVENPORT, FL 33896-5055
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	☐ Change ☐ Addition
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	☐ Change ☐ Addition
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	☒ Change ☐ Addition 1111 KNIGHTSBRIDGE CIR DAVENPORT, FL 33896-5055
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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: _____ 04-05-04 407-729-9914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #