
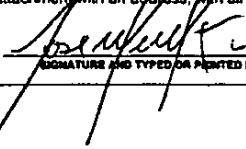


**FILED**  
**Jun 15, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90135 040 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # P03000008070</b>					
1. Entity Name SERECA CORP.					
Principal Place of Business 2624 NW 97 AVE MIAMI, FL 33172		Mailing Address 2624 NW 97 AVE MIAMI, FL 33172			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number APPLIED FOR	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of Now Registered Agent		
GONZALEZ, JOSE M 2624 NW 97 AVE MIAMI, FL 33172			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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GONZALEZ, JOSE M		NAME		
STREET ADDRESS	2624 NW 97TH AVE		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33172		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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 reports 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, form all other like empowered.					
SIGNATURE: 		JOSE M. GONZALEZ		06/15/05 (305) 573-7322	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

66023086



04012005 Chg-P CR2E034 (10/03)

**ATTACHMENT**  
66023086 # P03000008070

Form **SS-4**  
 (Rev. December 2001)  
 Department of the Treasury  
 Internal Revenue Service

**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)  
 ▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN \_\_\_\_\_  
 OMB No. 1545-0003

**1** Legal name of entity (or individual) for whom the EIN is being requested  
Sereca Corp

**2** Trade name of business (if different from name on line 1) \_\_\_\_\_ **3** Executor, trustee, "care of" name \_\_\_\_\_

**4a** Mailing address (room, apt., suite no., and street, or P.O. box) 2624 NW 97 Ave **5a** Street address (if different) (Do not enter a P.O. box.) \_\_\_\_\_

**4b** City, state, and ZIP code MIAMI FL 33172 **5b** City, state, and ZIP code \_\_\_\_\_

**6** County and state where principal business is located Dade - Florida

**7a** Name of principal officer, general partner, grantor, owner, or trustee Jose M. Gonzalez **7b** SSN, ITIN, or EIN \_\_\_\_\_

**8a Type of entity** (check only one box)

Sole proprietor (SSN) \_\_\_\_\_

Partnership \_\_\_\_\_

Corporation (enter form number to be filed) ▶ SS-4

Personal service corp. \_\_\_\_\_

Church or church-controlled organization \_\_\_\_\_

Other nonprofit organization (specify) ▶ \_\_\_\_\_

Other (specify) ▶ \_\_\_\_\_

Estate (SSN of decedent) \_\_\_\_\_

Plan administrator (SSN) \_\_\_\_\_

Trust (SSN of grantor) \_\_\_\_\_

National Guard  State/local government

Farmers' cooperative  Federal government/military

REMIC  Indian tribal governments/enterprises

Group Exemption Number (GEN) ▶ \_\_\_\_\_

**8b** If a corporation, name the state or foreign country (if applicable) where incorporated \_\_\_\_\_ State Florida Foreign country \_\_\_\_\_

**9 Reason for applying** (check only one box)

Started new business (specify type) ▶ \_\_\_\_\_

Banking purpose (specify purpose) ▶ \_\_\_\_\_

Changed type of organization (specify new type) ▶ \_\_\_\_\_

Purchased going business \_\_\_\_\_

Hired employees (Check the box and see line 12.)  Created a trust (specify type) ▶ \_\_\_\_\_

Compliance with IRS withholding regulations  Created a pension plan (specify type) ▶ \_\_\_\_\_

Other (specify) ▶ Requested FEI number

**10** Date business started or acquired (month, day, year) 01/22/2003 **11** Closing month of accounting year December

**12** First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) N/A

**13** Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-". \_\_\_\_\_

Agricultural  Household  Other

**14** Check one box that best describes the principal activity of your business.

Construction  Rental & leasing  Transportation & warehousing  Health care & social assistance  Wholesale-agent/broker

Real estate  Manufacturing  Finance & insurance  Accommodation & food service  Wholesale-other  Retail

Other (specify) Security Services

**15** Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.  
Security (Services provided).

**16a** Has the applicant ever applied for an employer identification number for this or any other business? \_\_\_\_\_  Yes  No  
 Note: If "Yes," please complete lines 16b and 16c.

**16b** If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.  
 Legal name ▶ Sereca Corp. Trade name ▶ \_\_\_\_\_

**16c** Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.  
 Approximate date when filed (mo., day, year) 01/22/2003 City and state where filed Miami, Florida Previous EIN unknown.

**Third Party Designee**

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name \_\_\_\_\_ Designee's telephone number (include area code) \_\_\_\_\_

Address and ZIP code \_\_\_\_\_ Designee's fax number (include area code) \_\_\_\_\_

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ Jose M. Gonzalez Applicant's telephone number (include area code) (305) 219 4795

Signature ▶ [Signature] Date ▶ 06/03/05 Applicant's fax number (include area code) (305) 597 1544