## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # P03000046003 1. Entity Name SERAJATH, IN Principal Place of Bus 6680 W 2ND CT., AP HIALEAH, FL 33012 2. Principal Place of I Suite, Apt. #, etc. City & State Zip 6. N MYERS, RAYMO 6680 W 2ND CT. HIALEAH, FL 33 8. The above named the obligations of r SIGNATURE \_\_\_\_\_\_\_ FILE NOV After May 1, 2 10. D TITLE MYEF NAME STREET ADDRESS 6680 CITY-ST-ZIP HIALE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ---NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify the indicated on this of the corporation changed, or on a March 24 d 2004 SIGNATURE:

## Apr 30, 2004 8:00 am Secretary of State

| C.                                                                                                                                       | ·                   |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                |                         | 0,502               | 200120     | 390 041 °          |                              |
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| iness<br> T #203                                                                                                                         | 66                  | oiling Address<br>580 W 2ND CT., APT<br>IALEAH, FL 33012 | #203                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                | L INCHES HE DE          | 4404                |            | lifet å bles bærba | JAKO <b>r</b> i 16 maaj      |
| Business                                                                                                                                 | 3. 1                | Mailing Address                                          | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                |                         |                     |            |                    |                              |
|                                                                                                                                          | 5                   | Suite, Apt. #, etc.                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                | 02042004                | Chg-P               | CR2E       | 034 (10/03)        | ı                            |
|                                                                                                                                          | -                   | City & State                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                | 4. FEI Number           |                     |            | — <u>-</u> -       | pplied For<br>lot Applicable |
| Country                                                                                                                                  | Ž                   | <sup>2</sup> ip                                          | Cour                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ntry                                                                                                                                                                           | 5. Certificate of       | Status Desired      |            | \$8.75 Ac          |                              |
| ame and Address of Cur                                                                                                                   | rent Regist         | tered Agent                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                | 7. Name and A           | ddress of New F     | Registered | Agent              |                              |
| ALIPS A                                                                                                                                  |                     | _                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Name                                                                                                                                                                           |                         | -                   | _          |                    |                              |
| ND A<br>, APT #203<br>:012                                                                                                               |                     |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Street Address                                                                                                                                                                 | (P.O. Box Number i      | is Not Acceptable   | e)         |                    |                              |
| ··-                                                                                                                                      |                     |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                |                         |                     |            |                    |                              |
|                                                                                                                                          |                     |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | City                                                                                                                                                                           |                         |                     | FL         | Zip Co             | de                           |
| autibi automita this atatama                                                                                                             | nt for the n        |                                                          | o rogintor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | and affice on contact                                                                                                                                                          |                         | in the State of Flo | orida. Lam | familiar with      | , and accept                 |
|                                                                                                                                          | ant for the p       | urpose of changing it                                    | is register                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ed office or registe                                                                                                                                                           | ered ageni, or boin,    |                     |            |                    |                              |
| egistered agent.                                                                                                                         |                     |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ed Office of Tegriste ed Agent signature require                                                                                                                               |                         |                     | DATE       |                    |                              |
| egistered agent.  Typed or printed name of registered  VIII FEE IS \$150.00                                                              | egent and little it |                                                          | )TE: Registere                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ed Agent signature require                                                                                                                                                     |                         |                     | DATE       |                    |                              |
| egistered agent.  Typed or printed name of registered  VIII FEE IS \$150.00                                                              | egent and little i  | 9. Election Camp<br>Trust Fund Col                       | )TE: Registere                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ed Agent signature require                                                                                                                                                     | 5.00 May Be ded to Fees | HANGES TO OFF       |            | D DIRECTOR         | RS IN 11                     |
| byped or printed hards of registered  With FEE IS \$150.00  COO4 Fee will be \$5  OFFICERS  OFFICERS  RS, RAYMOND A  W 2ND CT., APT #203 | egent and little i  | 9. Election Camp<br>Trust Fund Col                       | ore: Registers raign Final ntribution.  11.  TITE NAN STRI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ed Agent signature require  noting \$8  Ad                                                                                                                                     | 5.00 May Be ded to Fees | MANGES TO OFF       |            | D DIRECTOR         | RS IN 11                     |
| byced or printed name of registered  With FEE IS \$150.00  OFFICERS  OFFICERS  RS, RAYMOND A  W 2ND CT., APT #203                        | egent and little i  | 9. Election Camp<br>Trust Fund Co                        | DYE: Registere raign Final rai | ed Agent signature require  Inding \$8  Ad  E  ME  EET ADDRESS Y-ST-ZIP  E                                                                                                     | 5.00 May Be ded to Fees | HANGES TO OFF       |            |                    | ☐ Addition                   |
| byced or printed name of registered  With FEE IS \$150.00  OFFICERS  OFFICERS  RS, RAYMOND A  W 2ND CT., APT #203                        | egent and little i  | 9. Election Camp<br>Trust Fund Co                        | DTE: Registere raign Final raign Final raign Final raign Final raign rai | E.E. ME EET ADDRESS Y-ST-ZIP LE ME EET ADDRESS Y-ST-ZIP LE ME EET ADDRESS Y-ST-ZIP LE ME EET ADDRESS                                                                           | 5.00 May Be ded to Fees | HANGES TO OFF       | FICERS ANI | Change             | Addition                     |
| egistered agent.  hyped or printed hands of registered  Will FEE IS \$150.00  1004 Fee will be \$5                                       | egent and little i  | 9. Election Camp<br>Trust Fund Co                        | DTE: Registere raign Final rithution.  11. TITL NAN STRI CITY TITL NAN STRI STRI STRI STRI STRI STRI STRI STRI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | EET ADDRESS Y-ST-ZIP                                             | 5.00 May Be ded to Fees | HANGES TO OFF       | FICERS ANI | ☐ Change           | Addition Addition            |
| byced or printed name of registered  With FEE IS \$150.00  OFFICERS  OFFICERS  RS, RAYMOND A  W 2ND CT., APT #203                        | egent and little i  | 9. Election Camp<br>Trust Fund Con<br>CTORS Delete       | DIE: Registere raign Final rithution.  11. TITL NAN STRI CITY NAN | EET ADDRESS Y-ST-ZIP  EET ADDRESS Y-ST-ZIP | 5.00 May Be ded to Fees | HANGES TO OFF       | FICERS ANI | ☐ Change           |                              |

Machinent #404/010 Laymons A. Myens HP03000046003 Serajoth Int. 6680 West 2 00 G. apt 203 Hislach, Florida 33012 March 28 th 2004 Devision of Corporations State of Florida Serojath he has not started transacting business and has not yet applied for a FIE number or any other Task yours. ve will inform your office of our status. Respectfully Kaymond A. Myers