FILED
Aug 16, 2004 8:00 am
Secretary of State
07-29-2004 90001 038 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000137342

1. Entity Name
SERRALTA & ASSOCIATES, P.A.

66431977

Principal Place of Business	Mailing Address
801 WEST 49TH STREET, SUITE 234 HIALEAH, FL 33012	801 WEST 49TH STREET, SUITE 234 HIALEAH, FL 33012

2. Principal Place of Business — 3. Mailing Address
Suite, Apt. #, etc. — Suite, Apt. #, etc.
City & State
Zip — Country

07202004 Chg-P CR2E034 (10/03)

EI Number 36-1087680 — Applied For / Not Applicable
Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SERRALTA, MARIO
801 WEST 49TH STREET, S...
HIALEAH, FL 33012

Name and Address of New Registered Agent
...ta, Mario
(P.O. Box Number is Not Acceptable)
...agler Street, Suite 2020
FL Zip Code 33130

8. The above named entity submits ... agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE X. ... 7/26/04
Signature, typed or printed name ... DATE

FILE NOW!!! FEE I... Due by September ... May Be Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

This is the corrected Report. Please contact Giovana if you have any questions. (305)326-0501

10. ... 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

	10.		11.	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS SERRALTA, MARIO 801 WEST 49TH STREET, SUITE 234 HIALEAH, FL 33012		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT SERRALTA, MARIO 801 WEST 49TH STREET, SUITE 234 HIALEAH, FL 33012	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: ______ 7/26/04 305-326-0501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #