

FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # 203000138619

1. Entity Name

SERCO DRILLING, INC



2011 OCT 20 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box #

18846 NW 77 CT

Suite, Apt. #, etc.

3. Mailing Address

18846 NW 77 CT

Suite, Apt. #, etc.

CR2E034B (1/11)

City & State

MIAMI LAKES, FL

City & State

MIAMI LAKES, FL

4. FEI Number

20-0422516

Applied For

Not Applicable

Zip

33015

Country

USA

Zip

33015

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name

SILVAS FINANCIAL SERVICES, LLC

Street Address (P.O. Box Number is Not Acceptable)

6220 S UNIVERSITY DRIVE

SUITE C-102

City

DAVIE

FL

Zip Code

33328

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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

Signature, typed or printed name of registered agent and date if applicable

MARIO SILVA

10/17/2011

(NOTE: Registered Agent signature required when re-instating)

DATE

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution.

Added to Fees

E-mail Address:

accounting4@silvasfinancialservices.com

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE	PVO
NAME	GABRIELA DUDASOVA
STREET ADDRESS	18846 NW 77 CT
CITY-ST-ZIP	MIAMI LAKES, FL 33015
TITLE	D
NAME	SERGIO CORREA
STREET ADDRESS	18846 NW 77 CT
CITY-ST-ZIP	MIAMI LAKES, FL 33015
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

REINSTATEMENT

2011 RH

300213132643
10/10/11--01016--009 **\$550.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

SERGIO CORREA

10/17/2011

786-298-7738

DATE

Daytime Phone #