

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000025757 1. Entity Name SERBEL PROPERTY HOLDINGS, INC.	
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Principal Place of Business 132 MINORCA AVE CORAL GABLES, FL 33134	Mailing Address 132 MINORCA AVE CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE



01242006 No Chg-P CR2E034 (11/05)
4. FEI Number 20-1114603 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GRIZEL, GIL 132 MINORCA AVE CORAL GABLES, FL 33134
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS MEDINA CARDENAS, SERGIO CENTRAL DE ABASTOS IZTAPALAPA BODEGA Q99 COLONIA EJIDOS DEL MORAL MEX, DF CP0904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV QUINTANA DE MEDINA, ISABEL CENTRAL DE ABASTOS IZTAPALAPA BODEGA Q99 COLONIA EJIDOS DEL MORAL MEX, DF CP0904
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05/16/06-80019-017 150.00

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 Block 11 if changed, or on an attachment with an address, with an officer like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____