

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 16, 2007 08:00 A
Secretary of State

DOCUMENT # P04000171835 1. Entity Name SERPE-CO	
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Principal Place of Business 1450 SW 10TH STREET SUITE 8 DELRAY BEACH, FL 33444	Mailing Address 1450 SW 10TH STREET SUITE 8 DELRAY BEACH, FL 33444
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DO NOT WRITE IN THIS SPACE



05112007 No Chg-P CR2E034 (11/05)

4. FEI Number NOT APPLICABLE	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

**SERPE, BRETT
1450 SW 10TH STREET SUITE 8
DELRAY BEACH, FL 33444**

**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 _____

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U000000764680
05/31/07-88006-008 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SERPE, BRETT 4581 WESTON ROAD #333 WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SERPE, JASON 4581 WESTON ROAD #333 WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIANCHINI, MICHAEL 1450 SW 10TH STREET SUITE 8 DELRAY BEACH, FL 33444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAROSELLA, JOSEPH 1450 SW 10TH STREET SUITE 8 DELRAY BEACH, FL 33444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 all other like empowered.

SIGNATURE:  **Brett Serpe, President** **5/11/2007** **(954)325-3301**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #