

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000025263

FILED  
Apr 16, 2008  
Secretary of State

Entity Name: NES SERENITY VILLAS, INC.

## Current Principal Place of Business:

18851 NE 29TH AVENUE  
SUITE 900  
AVENTURA, FL 33180 US

## Current Mailing Address:

18851 NE 29TH AVENUE  
SUITE 900  
AVENTURA, FL 33180 US

## New Principal Place of Business:

3201 NE 183 STREET  
APT 1508  
AVENTURA, FL 33160 US

## New Mailing Address:

3201 NE 183 STREET  
APT 1508  
AVENTURA, FL 33160 US

FEI Number: 20-2410008

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROTH, LEONARD A  
18851 NE 29TH AVENUE  
SUITE 900  
AVENTURA, FL 33180 US

## Name and Address of New Registered Agent:

BENLOLO, JUDAH A  
3201 NE 183 STREET  
APT 1508  
AVENTURA, FL 33160 US

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.

SIGNATURE: BENLOLO JUDAH

04/16/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: CHOCRON, AMBRAN  
Address: 18851 NE 29TH AVENUE, STE 900  
City-St-Zip: AVENTURA, FL 33180 US

Title: VTD ( ) Delete  
Name: BASTIDAS, PEDRO  
Address: 18851 NE 29TH AVENUE, STE 900  
City-St-Zip: AVENTURA, FL 33180 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMBRAN CHOCRON

MR

04/16/2008

Electronic Signature of Signing Officer or Director

Date