

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000100634

Entity Name: FINDSER INC.

FILED
Jul 11, 2007
Secretary of State

Current Principal Place of Business:

8004 NW 154 ST. #250
MIAMI LAKES, FL 33016

New Principal Place of Business:

Current Mailing Address:

8004 NW 154 ST. #250
MIAMI LAKES, FL 33016

New Mailing Address:

FEI Number: 20-3169846

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ-QUEVEDO, PABLO
19958 NW 61 AVE
MIAMI, FL FL US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GONZALEZ-QUEVEDO, PABLO
Address: 19958 NW 61 AVE
City-St-Zip: MIAMI, FL 33015

Title: VP () Delete
Name: GONZALEZ-QUEVEDO, YVONNE
Address: 8004 NW 154 ST #250
City-St-Zip: MIAMI LAKES, FL 33016

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: PABLO GONZALEZ-QUEVEDO

P

07/11/2007

Electronic Signature of Signing Officer or Director

_____ Date