2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000106783

Entity Name: SERGATTI CORPORATION

FILED May 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

17440 NW 67 COURT 6471 COWPON ROAD

APT 15D J-205

MIAMI LAKES, FL 33015 MIAMI LAKES, FL 33014

Current Mailing Address: New Mailing Address:

17440 NW 67 COURT 6471 COWPON ROAD APT 15D J-205

MIAMI LAKES, FL 33015 MIAMI LAKES, FL 33014

FEI Number: 20-3243821 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROLDAN, PATRICIA ROLDAN, PATRICIA 17440 NW 67 COURT 6471 COWPON ROAD

MIAMI LAKES, FL 33015 US J-205 MIAMI LAKES, FL 33014 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: PATRICIA ROLDAN 05/29/2009

> 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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRFS () Delete Title: PRFS (X) Change () Addition ROLDAN, PATRICIA

ROLDAN, PATRICIA Name: Name: 17440 NW 67 COURT APT15D 6471 COWPON ROAD J-205 Address: Address: City-St-Zip: MIAMI LAKES, FL 33015 City-St-Zip: MIAMI LAKES, FL 33014

Title: VΡ (X) Delete Title: () Change () Addition Name:

SEQUEIRA, GUSTAVO G Name: 17440 NW 67 COURT APT 15D Address: Address: MIAMI LAKES, FL 33015 City-St-Zip: 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: PATRICIA ROLDAN **PRES** 05/29/2009