


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90102 042 ***150.00

DOCUMENT # P05000107796	
1. Entity Name SERRA DINNER ENTERTAINMENT, INC.	

Principal Place of Business 800 BRICKELL AVE STE 1107 MIAMI, FL 33131	Mailing Address 800 BRICKELL AVE STE 1107 MIAMI, FL 33131
---	---

2. Principal Place of Business - No P.O. Box # c/o B.V. MAZZEO + CO, CPAs	3. Mailing Address c/o B.V. MAZZEO + CO, CPAs
Suite, Apt. #, etc. 13501 SW 128 ST, STE 103	Suite, Apt. #, etc. 13501 SW 128 ST, STE. 103

City & State MIAMI, FL	City & State MIAMI, FL
Zip 33186	Country US



04212008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent OPPENHEIM, STEVEN 800 BRICKELL AVE STE 1107 MIAMI, FL 33131	
---	--

4. FEI Number 20-4487842	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD RIBA, RAMON 6400 CARRIER DRIVE ORLANDO, FL 32819 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RIBA, ANTONIO 6400 CARRIER DRIVE ORLANDO, FL 32819 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OPPENHEIM, STEVEN P 800 BRICKELL AVE STE 1107 MIAMI, FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Steven P. Oppenheim **STEVEN P. OPPENHEIM** SECRETARY **SECRETARY** 4/22/08 **4/22/08** 305-371-8555 **305-371-8555**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #