


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90084 021 \*\*\*150.00

<b>DOCUMENT # P05000112068</b> 1. Entity Name 17680 SERENA LAKES, INC.					
Principal Place of Business 10477 SW 108TH AVE, #230 MIAMI, FL 33176			Mailing Address 10477 SW 108TH AVE, #230 MIAMI, FL 33176		
2. Principal Place of Business - No P.O. Box # 10314 SW 127 CT Suite, Apt. #, etc.		3. Mailing Address 10314 SW 127 CT Suite, Apt. #, etc.			
City & State Miami, FL		City & State Miami, FL		4. FEI Number 20-3295050	
Zip 33186		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  MIRABAL, MIGUEL F 2828 CORAL WAY SUITE 450 MIAMI, FL 33155				7. Name and Address of New Registered Agent Name: Mirabal, Miguel F Street Address (P.O. Box Number is Not Acceptable): 2828 Coral Way, Suite 530 City: Miami, FL Zip Code: 33145	
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: _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAGACH-IMBARACK, LEYLA 10477 SW 108TH AVE, #230 MIAMI, FL 33176		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAGACH-IMBARACK, LEYLA 10314 SW 127 CT Miami, FL 33186	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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.					
<b>SIGNATURE:</b> <u>Leyla Dagach-Imbarack</u> <u>3/1/07</u> <u>(706) 282-2000</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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