


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-19-2007 90084 021 ***150.00

DOCUMENT # P05000112068			
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	
Zip 33186	Country USA	Zip 33186	Country USA
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: _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAGACH-IMBARACK, LEYLA 10477 SW 108TH AVE, #230 MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAGACH-IMBARACK, LEYLA 10314 SW 127 CT Miami, FL 33186 <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
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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.			
SIGNATURE: <u>Leyla Dagach-Imbarack</u>		Date: <u>3/1/07</u>	Daytime Phone #: <u>(706) 282-2000</u>

40038556



01102007 Chg-P CR2E034 (12/06)

4. FEI Number 20-3295050 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required