## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 14, 2006 8:00 am Secretary of State **DOCUMENT # P05000112089** 04-14-2006 90151 034 \*\*\*150.00 17738 SERENA LAKES, INC. Principal Place of Business Mailing Address 10477 SW 108TH AVE, #230 10477 SW 108TH AVE, #230 50012241 MIAMI, FL 33176 MIAMI, FL 33176 3. Mailing Address 2. Principal Place of Business Suite Apl # etc Suite, Apt. #, etc. 04042006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 20-3294989 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certilicate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MIRABAL, MIGUED 5 Street Address (P.O. Box Number is Not Acceptable) 2828 CORAL WAY \$ SUITE 450 MIAMI, FL 33155 🦠 City Zip Code FL 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 hypicolor printed liame of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. D TITLE ☐ Delete TITLE ☐ Change Addition DAGACH-IMBARACK, LEYLA NAMe NAME STREET ADDRESS 10477 SW 108TH AVE, #230 STREET ADDRESS MIAMI, FL 33176 CITY-ST-ZIP CITY ST-702 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CIT 1-51-242 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAMi STREET ADDRESS STREET ADORESS CITY-S1-ZIP CITY - ST- ZIP 170 Delete TITLE ☐ Change Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 it 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 m an attachment with an address with all other like empowered

STAING OFFICER OR DIRECTOR

**FILED**