

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90054 039 ***150.00

DOCUMENT # P06000055050

1. Entity Name
SERGA ENTERPRISES, INC.



Principal Place of Business
**7190 S.W. 14 STREET
PEMBROKE PINES, FL 33023 US**

Mailing Address
**7190 S.W. 14 STREET
PEMBROKE PINES, FL 33023 US**

2. Principal Place of Business - No P.O. Box #
11063 NW 46 DR

3. Mailing Address
11063 SW 46 DR

Suite, Apt. #, etc.



04292007 Chg-P CR2E034 (12/06)

City & State
CORAL SPRINGS, FL

City & State
CORAL SPRINGS, FL

4. FEI Number
20-4711963

Applied For
Not Applicable

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

Zip
33076

Country
USA

Zip
33076

Country
USA

6. Name and Address of Current Registered Agent

**SERGA, GUSTAVO
9815 N.W. 57 MANOR
CORAL SPRINGS, FL 33076**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
11063 NW 46 DR

City
CORAL SPRINGS

FL

Zip Code
33076

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)

Signature, typed or printed name of registered agent and title if applicable. DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	P
NAME	SERGA, GUSTAVO	NAME	SERGA, GUSTAVO
STREET ADDRESS	9815 N.W. 57 MANOR	STREET ADDRESS	9815 NW 57 MANOR
CITY-ST-ZIP	CORAL SPRINGS, FL 33076	CITY-ST-ZIP	CORAL SPRINGS, FL 33076
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		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 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: _____ **4/28/07** **(954) 682-5553**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #