

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000076424

FILED  
Apr 30, 2011  
Secretary of State

Entity Name: SERRI LMP CORP

**Current Principal Place of Business:**

1505 LEGENDS BLVD  
CHAMPIONS GATE, FL 33896 US

**New Principal Place of Business:**

**Current Mailing Address:**

1505 LEGENDS BLVD  
CHAMPIONS GATE, FL 33896 US

**New Mailing Address:**

FEI Number: 26-3203653      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HEXAGON INTERNATIONAL INC  
1505 LEGENDS BLVD  
CHAMPIONS GATE, FL 33896 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SERRI, SYLVAIN  
Address: 1630 FOREST HILLS LN  
City-St-Zip: HAINES CITY, FL 33844 US

Title: VP  
Name: SERRI, NICOLAS  
Address: 1630 FOREST HILLS LN  
City-St-Zip: HAINES CITY, FL 33896 US

Title: S  
Name: SERRI, SOLINE  
Address: 1630 FOREST HILLS LN  
City-St-Zip: HAINES CITY, FL 33844 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SYLVAIN SERRI

P

04/30/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date