

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000005391

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Entity Name:** SERGIOS HIALEAH GARDENS 2814 INC

**Current Principal Place of Business:**

9230 SW 40 ST, SUITE D  
MIAMI, FL 33165

**New Principal Place of Business:**

9330 NW 77 AVENUE  
HIALEAH GARDENS, FL 33016

**Current Mailing Address:**

9230 SW 40 ST, SUITE D  
MIAMI, FL 33165

**New Mailing Address:**

**FEI Number:** 90-0442206

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GAZITUA, CARLOS  
9230 SW 40 ST, SUITE D  
MIAMI, FL 33165 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** O  
**Name:** CABRERA, BLANCA  
**Address:** 9230 SW 40 ST, SUITE D  
**City-St-Zip:** MIAMI, FL 33165

**Title:** D  
**Name:** GAZITUA, CARLOS  
**Address:** 9230 SW 40 ST, SUITE D  
**City-St-Zip:** MIAMI, FL 33165

**Title:** D  
**Name:** GAZITUA, JOHN  
**Address:** 9230 SW 40 ST, SUITE D  
**City-St-Zip:** MIAMI, FL 33165

**Title:** D  
**Name:** COLEMAN, HERBERT  
**Address:** 9230 SW 40 ST, SUITE D  
**City-St-Zip:** MIAMI, FL 33165

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:** CARLOS GAZITUA

D

02/16/2010

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

\_\_\_\_\_  
Date