

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000087661

1. Entity Name
LUZ SERNA EQUIPMENT INC.



Principal Place of Business
**525 NE 39 ST
OAKLAND PARK, FL 33334 US**

Mailing Address
**525 NE 39 ST
OAKLAND PARK, FL 33334 US**



04292005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0456458

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WILLIAMS, CHARLES
89 NE 17TH COURT
FT. LAUDERDALE, FL 33305**

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reissuing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SERNA, JESUS
4202 NW 39 AVE
LAUDERDALE LAKES, FL 33309**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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000000353107
05/03/05-80054-010 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jesus Serna President

4-29-05

Date

**(954)
568 2631**

Daytime Phone #