


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # P94000033910 1. Entity Name SERGEMKA CORP.	
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Principal Place of Business 697 NW 135 COURT MIAMI, FL 33182 US	Mailing Address 697 NW 135 COURT MIAMI, FL 33182 US
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04262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0491274	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PEDRO S. MARTINEZ 697 N.W. 135TH COURT MIAMI, FL 33182
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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) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MARTINEZ, PEDRO S 697 NW 135 COURT MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MARTINEZ, I. LILY 697 NW 135 COURT MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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05/15/07-80039-023 150.00

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: <i>[Signature]</i> TD - I. LILY MARTINEZ	4/26/07 Date	(305) 484-2335 Daytime Phone #
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