2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Apr 22, 2005 08:00 AM Secretary of State

DOCUMENT # P9500004 1. Entity Name SERFI ENTERPRISES, INC.	43780			Secretary of State
Principal Place of Business 1011 S.W 80TH AVE. APT. A NORTH LAUDERDALE, FL 33068	Mailing Address 1011 S.W 80TH AVE. APT. A NORTH LAUDERDALE,	FL 3306	68	E INDUSTRIA INE CENTI DIVIN DENTA DONIE DENTA DERIN DERIN DIVINO NUE INERA CENTI DONIEDA IN CONT
Principal Place of Business Address Address				
Suite, Apt #, etc.	Suite, Apt. #, etc.			03032005 Chg-P CR2E034 (10/03)
City & State	City & State			4. FEI Number Applied For 65-0587342 Not Applicable
Zip Country	Zip ·	Coun	try	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		.	Name	7. Name and Address of New Registered Agent
GARCIA, SERVANDO 1011 S.W 80TH AVE. APT. A	3 · · · · · · · · · · · · · · · · · · ·		Street Address (I	(P.O. Box Number is Not Acceptable)
NORTH LAUDERDALE, FL 33068	f ·		City	Zip Cnde
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 talle if applicable (NOTE Registered Agent signature required when refrestating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$55	9. Election Campa Trust Fund Con		ncing \$5.	5.00 May Be ided to Fees
	ND DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME GARCIA, FIDEL STREET ADDRESS 1960 S.W 65 TERR. CITY-SI-ZIP NORTH LAUDERDALE, FL 3	Delete	4 8		☐ Change ☐ Addition
IIILE STD NAME TORRES, ROSA STREET ADDRESS 1960 S.W 65 TERR. CITY ST 21P NORTH LAUDERDALE, FL 3				□ Change □ Addition U00000322882 04/22/05-80030-025 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Defete		Į.	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - S1 - ZIP	□ Delete			☐ Change ☐ Addition
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		- 1	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Dolete	1	i i	☐ Change ☐ Addition
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.				

FIDEL GARCIA PRESIDENT (954) 444 3100

04/01/2005