FILED Jan 17, 2003 8:00 am Secretary of State

01-17-2003 90100 046 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P95000043780

1. Entity Name

SERFI ENTERPRISES, INC.



Principal Place of Business Mailing Address 1011 S.W 80TH AVE. 1011 S.W 80TH AVE. APT. A APT. A NORTH LAUDERDALE FL 33068 NORTH LAUDERDALE FL 33068 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0587342 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GARCIA, SERVANDO -Street-Address (P.O. Box Number is Not Acceptable) 1011 S.W 80TH AVE. APT. A NORTH LAUDERDALE FL 33068 City Zip Code 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 reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME Garcia, Fidel NAME 1011 S.W 80TH AVE., APT. C STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH LAUDERDALE FL 33010 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME GARCIA, SERVANDO NAME STREET ADDRESS 1011 S.W 80TH AVE., APT. A STREET ADDRESS CITY-ST-7IP NORTH LAUDERDALE FL 33010 CITY-ST-7(P TITLE ☐ Delete TIT! F ☐ Change Addition NAME GARCIA, RODOLFO NAME STREET ADDRESS 1011 S.W. 80TH AVE. STREET ADDRESS CITY-ST-ZIP NORTH LAUDERDALE FL 33068 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

01/13/2003

954 444 3100

Daytime Phone #