2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000072193

1. Entity Name SEMENOV & CO., INC.



FILED Apr 23, 2008 08:00 AN Secretary of State

Principal Place of Business

33 BOROYSKOE SHOSSE

SUITE #218 Moscow, Russia,

11-9633

Mailing Address

800 BRICKELL AVE. Suite 1107

MIAMI, FL. 33131 U



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04212008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For Not Applied For Not Applied For Status Desired Status Desired Fee Required

6. Name and Address of Current Registered Agent

OPPENHEIM, STEVEN P 800 BRICKELL AVE STE 1102 MIAM!, FL 33131

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	The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Stathe obligations of registered agent.	ate of Florida. I am familiar with, and acc	ept
SIG	Shopping hand or control name of moistered areas and this if another hand.	DATE	

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

- Election Campaign Financing
 Trust Fund Contribution.
- \$5.00 May Be Added to Fees

U00000914942 05/08/08-80077-011 150.00

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10.	OFFICERS AND DIRECTORS		
TITLE	DP		
NAME	SEMENOV, VIKTOR		
STREET ADDRESS	33 BOROVSKOE SHOSSE, STE 218		
CITY-ST-ZIP	MOSCOW, RUSSIA, 119633		
TITLE	VPT		
NAME	SEMENOV, SERGEY		
STREET ADDRESS	33 BOROVSKOE SHOSSE, STE 218		
CITY-ST-ZIP	MOSCOW, RUSSIA, FL 119633		
TITLE	S		
NAME:	OPPENHEIM, STEVEN P		
STREET ADDRESS	800 BRICKELL AVE., SUITE 1107		
CITY-ST-ZIP	MIAMI, FL 33131		
TITLE	·		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			-
NAME			
STREET ADORESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			

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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 eath; 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, Eprida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with alignher like empowered.

SIGNATURE:

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY

HZz 02 305371855