


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 17, 2005 08:00 AM
Secretary of State**

DOCUMENT # P96000070487 1. Entity Name SERENOA, INC.	
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Principal Place of Business 550 S SHORE DRIVE MIAMI BEACH, FL 33141	Mailing Address 550 S SHORE DRIVE MIAMI BEACH, FL 33141
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DO NOT WRITE IN THIS SPACE



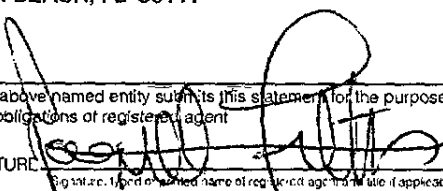
03102005 No Chg-P CR2E034 (10/03)

4. FCI Number 65-0737230	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**FUERTES, RONALD
550 S SHORE DR
MIAMI BEACH, FL 33141**

**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:  DATE: **3.15.05**

(Signature, typed or printed name of registered agent or officer, if applicable. (NOTE: Registered Agent signature required when reinstating).)

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

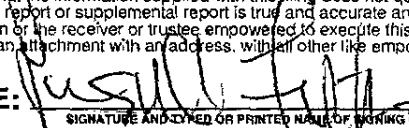
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FUERTES, RONALD 550 S SHORE DR MIAMI BEACH, FL 33141
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IN THIS SPACE**

U00000266144
03/17/05-80019-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE: **3-15-05** DAYTIME PHONE #: **305.868-0971**

SIGNATURE AND TYPED OR PRINTED NAME OF WORKING OFFICER OR DIRECTOR