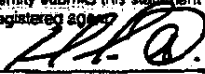


Jul 16, 2004 10:10AM

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 30, 2004 8:00 am
Secretary of State

07-30-2004 90002 039 ***150.00

DOCUMENT # P98000106925																																										
1. Entity Name SERADON INVESTMENT CORP.																																										
Principal Place of Business 19501 S.W. 129TH COURT MIAMI, FL 33177		Mailing Address 19501 S.W. 129TH COURT MIAMI, FL 33177																																								
DO NOT WRITE IN THIS SPACE																																										
5. Name and Address of Current Registered Agent NODARSE, RENIEL 19501 S.W. 129TH COURT MIAMI, FL 33177		DO NOT WRITE IN THIS SPACE																																								
9. 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 retreating) DATE: _____																																										
FILE NOW! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.																																								
10. OFFICERS AND DIRECTORS																																										
<table border="1"><tr><td>TITLE</td><td>D</td></tr><tr><td>NAME</td><td>NODARSE, RENIEL</td></tr><tr><td>STREET ADDRESS</td><td>19501 S.W. 129TH COURT</td></tr><tr><td>CITY-ST-ZIP</td><td>MIAMI, FL 33177</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>			TITLE	D	NAME	NODARSE, RENIEL	STREET ADDRESS	19501 S.W. 129TH COURT	CITY-ST-ZIP	MIAMI, FL 33177	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.183(2)(b), Florida Statutes, and further certify that the information indicated in 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, and all other like empowered.		Last Transaction																																								
SIGNATURE:  (NOTE: Registered Agent signature required when retreating) DATE: _____		0115072272332 Fax Sent 1:58pm Jul 5																																								

Log for

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