2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000106925

Name:

Address:

City-St-Zip:

FILED Jun 16, 2<u>00</u>8 Secretary of State

Entity Name: SERADON INVESTMENT CORP. **Current Principal Place of Business: New Principal Place of Business:** 19501 S.W. 129TH COURT MIAMI, FL 33177 **Current Mailing Address: New Mailing Address:** 19501 S.W. 129TH COURT MIAMI, FL 33177 FEI Number: 65-1025252 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NODARSE, RENIEL PB&A FINANCIAL SERVICES, CORP 19501 S.W. 129TH COURT 174 NE 96 STREET MIAMI, FL 33177 MIAMI SHORES, FL 33138 US 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. SIGNATURE: SANDRA PEREZ 06/16/2008 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition NODARSE, RENIEL Name: Name: 19501 S.W. 129TH COURT Address: Address: City-St-Zip: MIAMI, FL 33177 City-St-Zip: Title: VD Title: () Delete () Change () Addition NODARSE, ELENA Name: Name: 19501 S.W. 129TH COURT Address: Address: MIAMI, FL 33177 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition PERDOMO, JESUS Name: Name: 11820 SW 170TH STREET Address: Address: City-St-Zip: MIAMI, FL 33177 City-St-Zip: Title: () Delete Title: () Change (X) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

NODARSE, RAMON R

HIALEAH, FL 33014

7355 W 4TH AVE APT 309

SIGNATURE: RENIEL NODARSE PD 06/16/2008