


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000109606		
1. Entity Name SERNE IMPORT-EXPORT, INC.		

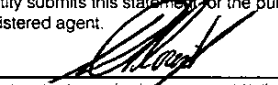
Principal Place of Business 11315 SW 32 STREET MIAMI, FL 33164	Mailing Address 11315 SW 32 STREET MIAMI, FL 33164
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2. Principal Place of Business - No P.O. Box # 11315 SW 32 ST	3. Mailing Address 11315 SW 32 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami FL	City & State Miami FL
Zip 33165	Zip 33165
Country USA	Country USA

6. Name and Address of Current Registered Agent PAZ, NELLY E 11315 SW 32 ST. MIAMI, FL 33164		7. Name and Address of New Registered Agent Name: Mores Velasco, Sergio A. Street Address (P.O. Box Number is Not Acceptable) 11315 SW 32 ST City: Miami FL Zip Code: 33164	
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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.

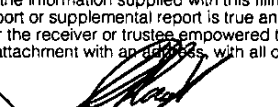
SIGNATURE:  (NOTE: Registered Agent signature required when reinstating)

DATE: 3/10/07

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP FLORES VELASCO, SERGIO A 11315 SW 32ND ST. MIAMI, FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS PAZ, NELLY E 11315 SW 32ND ST. MIAMI, FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	700095821427 04/05/07--01010--003 **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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:  (3/10/07) (305) 225-8746

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 3/10/07 DAYTIME PHONE #

FILED

07 MAR 26 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03102007 REIN-P CR2E098 (1/07)

4. FEI Number 65-0971922	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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