


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000066602
 1. Entity Name
 SERGRAPH CORPORATION



Principal Place of Business Mailing Address
 4419 N.W. 97 CT. 4419 N.W. 97 CT.
 MIAMI, FL 33178 MIAMI, FL 33178

DO NOT WRITE IN THIS SPACE



04212005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 65-1118435 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AVEDANO, JOSE WILLIAM
 6955 NW 77TH AVENUE
 SUITE 306
 MIAMI, FL 33168

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: *[Signature]* DATE: 4/27/05

Signature, typed or printed name of registered agent and title 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

1000000345070
 04/30/05-80020-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	POLANCO, MARIA VIVIAN
STREET ADDRESS	10893 N.W. 7TH ST., APT. 11
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	VD
NAME	GUARIN, IDALY E
STREET ADDRESS	4419 N.W. 97 CT.
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* DATE: 4/27/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #