


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 30, 2005 8:00 am**  
**Secretary of State**

08-30-2005 90029 001 \*\*\*158.75

**DOCUMENT # P02000032330**

1. Entity Name  
**SERGO INTERNATIONAL, INC.**



Principal Place of Business  
**3825 NE INDIAN RIVE DR  
 JENSEN BEACH, FL 34957**

Mailing Address  
~~**43 SEMINOLE STREET  
 STUART, FL 34984**~~ ← **NOT**

**50064000.**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**4394 NE SKYLINE DR**  
 Suite, Apt. #, etc.

08242005 Chg-P CR2E034 (10/03)

City & State  
**Jensen Beach, Florida**

Zip  
**34957** Country  
**USA**

4. FEI Number  
**01-0670038**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SERGO, DENA  
 3825 NE INDIAN RIVER DR  
 JENSEN BEACH, FL 34957**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SERGO, RALPH</b> <b>4394 NE SKYLINE DR</b> <b>JENSEN BEACH, FL 34957</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SERGO, DENA</b> <b>3825 NE INDIAN RIVER DR</b> <b>JENSEN BEACH, FL 34957</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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:** Dena Sergo **8/24/05** **370-9481**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 50064000

PO2000032330

Please Return  
Certificate of Status  
to correct address.

D. Sergio  
4394 NE Skyline dr.  
Jensen Bch FL  
34957

Any Questions? CAfe

772 334 4465

772 370-9481  
Cell