

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 321759

FILED  
Apr 02, 2008  
Secretary of State

Entity Name: SAHCO INCORPORATED

**Current Principal Place of Business:**

999 BRICKELL BAY DR STE 1010  
MIAMI, FL 33131 US

**New Principal Place of Business:**

**Current Mailing Address:**

999 BRICKELL BAY DR STE 1010  
MIAMI, FL 33131 US

**New Mailing Address:**

FEI Number: 59-1202154      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DEL DAGO, CARMEN  
999 BRICKELL BAY DRIVE STE 1010  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: STD ( ) Delete  
Name: DEL DAGO, CARMEN,  
Address: 999 BRICKELL BAY DR STE 1010  
City-St-Zip: MIAMI, FL 33131

Title: VD ( ) Delete  
Name: DEL DAGO, ROSA,  
Address: 999 BRICKELL BAY DR STE 1010  
City-St-Zip: MIAMI, FL 33131

Title: PD ( ) Delete  
Name: DEL DAGO, MANUEL  
Address: 999 BRICKELL BAY DR STE 1010  
City-St-Zip: MIAMI, FL 33131

Title: D ( ) Delete  
Name: DEL DAGO, ROSA F  
Address: 999 BRICKELL BAY DR STE 1010  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: CARMEN DEL DAGO

S/T

04/02/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date