2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 25, 2007 8:00 am Secretary of State DOCUMENT # G04533 04-25-2007 90173 012 ***150.00 1. Entity Name SAYOUR ENTERPRISES INC. Principal Place of Business Mailing Address 13731 SW 152 STREET 13731 SW 152 STREET MIAMI, FL 33177 US MIAMI, FL 33177 US 3. Mailing Address 2. Principal Place of Business - No P.O. Box # <u>8236 MILLS DRIVE</u> 8236 MILLS DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. 04192007 CR2E034 (12/06) Cha-P Applied For ▲ FEI Number City & State City & State FL MIAMI MIAMI 59-2233447 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33183 **33183** USA USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SAYOUR SAYOUR, RICHARD Street Address (P.O. Box Number is Not Acceptable 8236 MILLS DR 13731 SW 152 STREET MIAMI, FL 33177 City Miami 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE 18 \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change TITLE Delete ■ Addition TITLE SAYOUR RICHARD 8236 MILLS DRIVE NAME SAYOUR, RICHARD NAME 13731 SW 152 STREET STREET ADDRESS STREET ADDRESS FL 33183 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL MIAMI VS TITLE ☐ Delete TITLE **Change** ☐ Addition Jeanmarie SAYOUR SAYOUR, JEAN MARIE NAME NAME 8236 MILLS DRIVE 13731 SW 152 STREET STREET ADDRESS STREET ADDRESS FL 33183 CITY-ST-ZIE MIAMI, FL CITY-ST-ZIF ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP CITY-ST-ZIP MLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

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