

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

05-22-2008 90022 001 \*\*\*158.75

**DOCUMENT # P05000060549**  
 1. Entity Name  
 SAAM FLORIDA, INC.



Principal Place of Business: 201 S BISCAYNE BLVD STE 1500 (LAD) MIAMI, FL 33131  
 Mailing Address: 201 S BISCAYNE BLVD STE 1500 (LAD) MIAMI, FL 33131

60043600



01072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: 20-2737292  
 Applied For: Not Applicable

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

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

CORPORATION COMPANY OF MIAMI  
 201 S BISCAYNE BLVD STE 1500 (LAD)  
 MIAMI, FL 33131

**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: \_\_\_\_\_ DATE: \_\_\_\_\_  
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, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE - NAME	PD RAWLINS, ALBERTO
STREET ADDRESS	201 S. BISCAYNE BLVD. #1500
CITY-ST-ZIP	MIAMI, FL 33131
TITLE - NAME	SD RIOJA, FELIPE
STREET ADDRESS	201 S. BISCAYNE BLVD.#1500
CITY-ST-ZIP	MIAMI, FL 33131
TITLE - NAME	TD LARRAIN, ROBERTO
STREET ADDRESS	201 S. BISCAYNE BLVD. #1500
CITY-ST-ZIP	MIAMI, FL 33131
TITLE - NAME	VP JOSE A. DIAZ
STREET ADDRESS	201 S. BISCAYNE BLVD # 1500
CITY-ST-ZIP	MIAMI, FL 33131
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 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: Jose A. Diaz Date: 4-29-2008 Daytime Phone #: 954-761-3880