

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000108321

Entity Name: SAPSERVSUPPLY CORP

FILED  
Feb 13, 2009  
Secretary of State

**Current Principal Place of Business:**

8893 FOUNTAINBLEAU BLVD  
105  
MIAMI, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

8893 FOUNTAINBLEAU BLVD  
105  
MIAMI, FL 33172

**New Mailing Address:**

FEI Number: 26-1167768      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

RUA, RIGOBERTO  
8893 FOUNTAINBLEAU BLVD  
105  
MIAMI, FL 33172 US

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

ALONSO REVOLEDO, HECTOR J  
8893 FOUNTAINBLEAU BLVD  
105  
MIAMI, FL 33172 US

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: RIGOBERTO RUA      02/13/2009  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: RUA, RIGOBERTO  
Address: 8893 FOUNTAINBLEAU BLVD # 105  
City-St-Zip: MIAMI, FL 33172

Title: VP      (X) Delete  
Name: HECTOR JESUS ALONSO, REVOREDO  
Address: 8893 FOUNTAINBLEAU BLVD APT #105  
City-St-Zip: MIAMI, FL 33172

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

Title: P      (X) Change ( ) Addition  
Name: ALONSO REVOREDO, HECTOR J  
Address: 8893 FOUNTAINBLEAU BLVD APT #105  
City-St-Zip: MIAMI, FL 33172

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: HECTOR J ALONSO REVOLEDO      P      02/13/2009  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date