

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
May 17, 2007 8:00 am
Secretary of State

04-19-2007 90211 007 ***150.00

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DOCUMENT # P95000009899

1. Entity Name
C & R SABAL, INC.



Principal Place of Business
 101 S.W. 52ND COURT
 MIAMI FL 33134

Mailing Address
 C&R SABAL, INC
 10030 SW 4TH ST
 MIAMI FL 33174

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
C & R Sabal, Inc.

Suite, Apt. #, etc.
 Suite, Apt. #, etc.
10030 SW 4th Street

City & State
Miami, FL.

Zip
33174

Country
USA

4. FEI Number **59-3298680**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

VEGA, CLEMENTE
11421 SW 82ND TERR
MIAMI FL 33174

7. Name and Address of New Registered Agent

Name **Clemente Vega**

Street Address (P.O. Box Number is Not Acceptable)
11421 SW 82nd Terrace

City **Miami** State **FL** Zip Code **33174**

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 registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RODRIGUEZ, CLEMENTE VEGA 101 S. W. 52ND COURT MIAMI FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DE RODRIGUEZ, ERMINIA DUENA 101 S. W. 52ND COURT MIAMI FL 33134	<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
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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  DATE **5-14-07** DAYTIME PHONE # **3052235120**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR