

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000079804

Entity Name: SAILFISHER II, INC.

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

4551 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

4551 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 65-0801670

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALAYON, CARLOS
11955 S.W. 46 STREET
MIAMI, FL 33175 US

Name and Address of New Registered Agent:

A&A REGISTERED AGENT, INC.
4551 PONCE DE LEON BLVD
CORAL GABLES, FL 33146 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: RICHARD A. ALAYON

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: ALAYON, CARLOS A
Address: 11955 SW 46 STREET
City-St-Zip: MIAMI, FL 33175

Title: VPD (X) Delete
Name: ARRIETA, LUIS
Address: 10821 S.W. 61ST TERRACE
City-St-Zip: MIAMI, FL 33173

Title: D (X) Delete
Name: ALAYON, RICHARD
Address: 4551 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: ALAYON, RICHARD A
Address: 4551 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33146

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: RICHARD A. ALAYON

PSTD

04/15/2009

Electronic Signature of Signing Officer or Director

Date