

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000082615

FILED
Apr 12, 2008
Secretary of State

Entity Name: SARA INSURANCE ENTERPRISES, INC.

Current Principal Place of Business:

8059 SW 18TH PLACE
DAVIE, FL 33324

New Principal Place of Business:

Current Mailing Address:

8059 SW 18TH PLACE
DAVIE, FL 33324

New Mailing Address:

FEI Number: 65-0793242

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOYER, SARA
8059 SW 18TH PLACE
DAVIE, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BOYER, SARA
Address: 8059 SW 18TH PLACE
City-St-Zip: DAVIE, FL 33324

Title: VP () Delete
Name: BOYER, MICHAEL
Address: 8059 SW 18TH PLACE
City-St-Zip: DAVIE, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: SARA BOYER

PRES

04/12/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date