

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # 278018

1. Entity Name
SABRE CORPORATION



Principal Place of Business
**5420 S W 63RD AVENUE
S MIAMI, FL 33155**

Mailing Address
**P.O. BOX 1894
S. MIAMI, FL 33243**



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1090197

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ROSENTHAL, JACK
5420 SW 63RD AVE
SO MIAMI, FL 33155**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000579205
01/09/07-80060-019 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSENTHAL, JACK 5420 SW 63RD AVE SO MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENTHAL, ARLEEN 5420 SW 63RD AVE SO MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS ROSENTHAL, ARLEEN 5420 S W 63RD AVE S MIAMI, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROSENTHAL, AVRAHAM 5420 SW 63RD AVE S. MIAMI, FL
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: JACK ROSENTHAL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/07

Date

305-225-3913

Daytime Phone #