

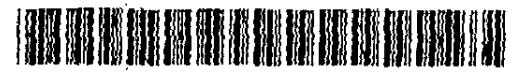
Apr 21, 2006 08:00 AM
Secretary of State

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 294528	
1. Entity Name SARAL PUBLICATIONS, INC.	



Principal Place of Business 6355 N.W. 36TH STREET VIRGINIA GARDENS, FL 33166	Mailing Address 6355 N.W. 36TH STREET VIRGINIA GARDENS, FL 33166
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03242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1103522	Applied For Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	\$5.75 Additional Fee Required

8. Name and Address of Current Registered Agent URRUTIA, ANDRES 6355 NW 35TH ST VIRGINIA GARDENS, FL 33166

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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 reappointing) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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000000523870
05/03/06-80086-024 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CH CARABIAS, PRINCIPE R 6355 NW 36TH ST VIRGINIA GARDENS, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NAVA GOMEZ, GUILLERMO 6355 NW 36TH ST VIRGINIA GARDENS, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PAILLES, ALEJANDRO B 6355 NW 36TH STREET VIRGINIA GARDENS, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SPENCER, THOMAS R JR. 6355 NW 36TH ST VIRGINIA GARDENS, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DOMINGUEZ, AZUCENA 6355 NW 36TH ST VIRGINIA GARDENS, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ECHEGOYEN, JORGE L 6355 NW 36TH ST VIRGINIA GARDENS, FL 33166

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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 an officer like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #