

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 294528

FILED
Feb 23, 2011
Secretary of State

Entity Name: SARAL PUBLICATIONS, INC.

Current Principal Place of Business:

6355 N.W. 36TH STREET
THIRD FLOOR
VIRGINIA GARDENS, FL 33166

New Principal Place of Business:

Current Mailing Address:

6355 N.W. 36TH STREET
VIRGINIA GARDENS, FL 33166

New Mailing Address:

6355 N.W. 36TH STREET
THIRD FLOOR
VIRGINIA GARDENS, FL 33166

FEI Number: 59-1103522

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPENCER, THOMAS R
999 PONCE DE LEON BLVD.
SUITE 510
CORAL GABLES, FL 33134 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

OFFICERS AND DIRECTORS:

Title: CD
Name: FOLCH VIADERO, SALVI
Address: 6355 NW 36TH ST
City-St-Zip: VIRGINIA GARDENS, FL 33166

Title: DP
Name: PRADO GOMEZ, JAVIER
Address: 6355 NW 36TH ST
City-St-Zip: VIRGINIA GARDENS, FL 33166

Title: DVP
Name: GARCIA GONZALEZ, JOSE ANTONIO
Address: 6355 NW 36TH STREET
City-St-Zip: VIRGINIA GARDENS, FL 33166

Title: DVPS
Name: BALCARCEL SANTA CRUZ, JOAQUIN
Address: 6355 NW 36TH STREET
City-St-Zip: VIRGINIA GARDENS, FL 33166

Title: DVP
Name: LARA DEL OLMO, JOSE ANTONIO
Address: 6355 NW 36TH ST
City-St-Zip: VIRGINIA GARDENS, FL 33166

Title: DVP
Name: LUTTEROTH ECHEGOYEN, JORGE
Address: 6355 NW 36TH ST
City-St-Zip: VIRGINIA GARDENS, FL 33166

I hereby 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 all other like empowered.

SIGNATURE: THOMAS R. SPENCER

LREP

02/23/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date