

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Jul 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 419269 1. Entity Name: SARRA INVESTMENTS CORP.	
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Principal Place of Business 505 S.W. 8TH ST MIAMI, FL 33130 US	Mailing Address 505 S.W. 8 ST. MIAMI, FL 33130 US
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07082008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1447787	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE**6. Name and Address of Current Registered Agent****PERAL, JAVIER
505 S.W. 8TH ST
MIAMI, FL 33130****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.

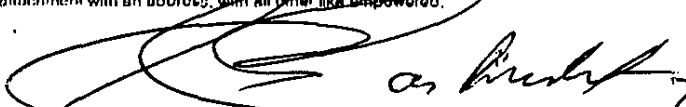
SIGNATURE _____ (Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent Signature required when retaining) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to FeesIn accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD PERAL, JAVIER 505 S.W. 8TH ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY, ST, ZIP	STD PERAL, ELOY 2741 CORAL WAY MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D GONZALEZ, MARIO 1420 ALHAMBRA CIRCLE CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	

U00000569201
07/11/06-80016-007 150.00**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 118, 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: 7/6/06 305-856-2211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #