2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Jun 04, 2007 8:00 am
Secretary of State
05-04-2007 90070 040 ***150.00

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DOCUMENT # 533511

1. Entity Name
SAGER MANAGEMENT CORP.

Principal Place of Business	Mailing Address
6129 S W 70ST 43-1495 SOUTH MIAMI, FL 33143	6129 S W 70ST 43-1495 SOUTH MIAMI, FL 33143

DO NOT WRITE IN THIS SPACE

04122007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1757198

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SAGER, BERT
6129 SW 70 ST
MIAMI, FL 33143

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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: _____ 4-23-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	SAGER, BERT
STREET ADDRESS	6129 SW 70TH ST.
CITY-ST-ZIP	MIAMI FL,
TITLE	S
NAME	SAGER, MARILYN (ASST)
STREET ADDRESS	6129 SW 70TH ST.
CITY-ST-ZIP	MIAMI FL,
TITLE	P
NAME	SAGER, RICHARD N.
STREET ADDRESS	3282 FRONT ST.
CITY-ST-ZIP	SAN DIEGO, CA 92103
TITLE	AS
NAME	BURNS, FREDRIC B
STREET ADDRESS	6129 SW 70 ST
CITY-ST-ZIP	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: _____ BERT SAGER 5/29/07 (305) 661-5055
NAME AND TYPED OR PRINTED TITLE OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #