


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90039 023 \*\*\*150.00

<b>DOCUMENT # 533511</b> 1. Entity Name <b>SAGER MANAGEMENT CORP.</b>	
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40065034



03272008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1757198	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>SAGER, BERT</b> <b>6129 SW 70 ST</b> <b>MIAMI, FL 33143</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐ **\$5.00** May Be  
 Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>SAGER, BERT</b> <b>6129 SW 70TH ST.</b> <b>MIAMI FL,</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>SAGER, MARILYN (ASST)</b> <b>6129 SW 70TH ST.</b> <b>MIAMI FL,</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>SAGER, RICHARD N.</b> <b>3262 FRONT ST.</b> <b>SAN DIEGO, CA 92103</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS <b>BURNS, FREDRIC B</b> <b>6129 SW 70 ST</b> <b>MIAMI, FL</b> <i>DECEASED</i>
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:**  **3-28-08** **(305) 661-5055**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #