

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003736

FILED
Jun 25, 2009
Secretary of State

Entity Name: SABBRI GROUP CORPORATION

Current Principal Place of Business:

ABERDEEN 105
COLLEGEVILLE GUAYNABO, PR 00969

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 10657
CAPARRA STATION
SAN JUAN, PR 00922

New Mailing Address:

FEI Number: 66-0678960 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WAYNE, ROBERT ESQ.
1225 S.W. 87TH AVENUE
MIAMI, FL 33174 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BRITO, EDUARDO S
Address: ABERDEEN 105
City-St-Zip: COLLEGEVILLE GUAYNABO, PR 00969

Title: VTD () Delete
Name: DIAZ, FLORINDA A
Address: ABERDEEN 105
City-St-Zip: COLLEGEVILLE GUAYNABO, PR 00969

Title: SD () Delete
Name: SABAT AZCUY, CARMEN M
Address: CASCADAS M-19 ALTURAS DEL REMANSO
City-St-Zip: RIO PIEDRAS, PR 00927

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SABAT, EDUARDO A
Address: ABERDEEN 105
City-St-Zip: COLLEGEVILLE GUAYNABO, PR 00969

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: EDUARDO SABAT

Electronic Signature of Signing Officer or Director

PRES

06/25/2009

Date