2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G64293

Name:

Address:

City-St-Zip:

2070 WAVERLY AVE

PALM BAY, FL 32907

Entity Name: SABOFI INVESTMENTS CORPORATION

FILED May 21, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1709 S. BABCOCK ST. MELBOURNE, FL 32901 **Current Mailing Address: New Mailing Address:** 1709 S. BABCOCK ST MELBOURNE, FL 32901 FEI Number: 59-2340149 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HARVEY A. KRIEGSMAN 1212 CIMARRON CIR NE PALM BAY, FL 32905 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition KRIEGSMAN, HARVEY A. Name: Name: 1212 CIMARRON CIR NE Address: Address: City-St-Zip: PALM BAY, FL 32905 City-St-Zip: () Delete Title: VSD Title: () Change () Addition Name: KRIEGSMAN, DENISE C. Name: 1212 CIMARRON CIR NE Address: Address: PALM BAY, FL 32905 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition KRIEGSMAN, STEFAN J Name: Name: 1355 CROMEY RD Address: Address: City-St-Zip: PALM BAY, FL 32905 City-St-Zip: Title: VD () Delete Title: () Change () Addition KRIEGSMAN, DEAN A

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.

Name:

Address:

City-St-Zip:

SIGNATURE: HARVEY A. KRIEGSMAN ٧ 05/21/2009