


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 08, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J35905</b> 1. Entity Name <b>SABATELLO DEVELOPMENT CORPORATION III, INC.</b>	
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Principal Place of Business <b>5610 PGA BLVD SUITE 114 PALM BEACH GARDENS, FL 33418 US</b>	Mailing Address <b>5610 PGA BLVD SUITE 114 PALM BEACH GARDENS, FL 33418 US</b>
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01172008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2727906</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>SABATELLO, CARL 5610 PGA BLV SUITE 114 PALM BEACH GARDENS, FL 33418</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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000000220973 02/19/08-80005-010 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR SABATELLO, CARL 5610 PGA BLVD SUITE 114 PALM BEACH GARDENS, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SABATELLO, TED 5610 PGA BLVD SUITE 114 PALM BEACH GARDENS, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SABATELLO, PAUL 5610 PGA BLVD STE 114 PALM BEACH GARDENS, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SABATELLO, MICHAEL 5610 PGA BLVD SUITE 114 PALM BEACH GARDENS, FL</b>
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:** CARL M. SABATELLO 11/21/08 (561) 626-7600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #