2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

of the corporation or th if changed, or on an at

SIGNATURE:

May 05, 2006 8:00 am **Secretary of State** DOCUMENT # J52076 1. Entity Name 05-05-2006 90172 045 ***150.00 SARA PROPERTY INVESTMENTS, INC. Principal Place of Business Mailing Address ONE N CLEMATIS STREET P.O. BOX 4297 WEST PALM BEACH FL 33402 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address 515 N. Flogler Drive Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Suite 300P City & State City & State Applied For 4. FEI Number 59-2776141 Wes-Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 33401 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Frank Chopin CHOPIN, L. FRANK, ESQ. ONE N CLEMATIS STREET Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33401 40 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Benistated Agent signature required when reinstation) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change TITLE **PSD** TITLE Addition ☐ Defete NAME CHOPIN, L. FRANK NAME 515 N. Flagler Drive STREET ADDRESS STREET ADDRESS ONE N CLEMATIS STREET CITY-ST-ZIP WEST PALM BEACH FL 33401 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ■ Addition ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZiP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-7/P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information suppleme records 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 type powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 indicated on this report d

With all other like empowered.

INTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED