

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90045 027 \*\*\*150.00

DOCUMENT # J52076

1. Entity Name  
SARA PROPERTY INVESTMENTS, INC.



Principal Place of Business

223 SUNSET AVE.  
STE. 230

~~WEST PALM BEACH, FL 33401~~

Mailing Address

P.O. BOX 4297  
WEST PALM BEACH, FL 33402

*Palm Beach, FL 33480*



01092008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2776141

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHOPIN, L. FRANK, ESQ.  
223 SUNSET AVE.  
STE. 230

~~WEST PALM BEACH, FL 33401~~

*Palm Beach, FL 33480*

**DO NOT WRITE  
IN THIS SPACE**

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

PSD  
CHOPIN, L. FRANK

STREET ADDRESS

223 SUNSET AVE. STE. 230

CITY-ST-ZIP

~~WEST PALM BEACH, FL 33401~~

TITLE

*Palm Beach, FL 33480*

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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TITLE

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STREET ADDRESS

CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR

Date

Daytime Phone #

*3/10/08*

*561-657-9500*