2005 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Mar 10, 2005 08:00 AM Secretary of State

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1. Entity Name

S. & A. INTERNATIONAL, INC



Principal Place of Business

% ROBERTO L. ARELLANO 7901 N.W. 67TH ST. MIAMI, FL 33166 US Mailing Address

% ROBERTO L. ARELLANO 7901 N.W. 67TH ST. MIAMI, FL 33166 US



03012005

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0132095 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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6.	Name	and.	Address	of Cur	rent R	eoistere	d Ager	si

SERRANO, ENRIQUE 7907 N.W. 67TH STREET MIAMI, FL 33166

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		тантанович				
	named entity submits this statement for the priors of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable. (NQTE, Registered	Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 by 1, 2005 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	cing 🗆	\$5.00 May Be Added to Fees	UN0000257688 03/10/05-80011-001 150.00	
10.	OFFICERS AND DIREC	TORS		_		
title Name Street adoress City-St-JP	D SERRANO, ENRIQUE 14912 SW 139 AVE MIAMI, FL					
TITLE NAME STREET ADDRESS CITY+ST-ZIP	V SERRANO, FERNANDO 14745 SW 147 CT MIAMI, FL					
TITLE Name Street address City-St-Zip	M SERRANO, IUETTE A. 14745 SW 147 CT MIAMI, FL		DO NOT WRITE			
TITLE Name Street address City-St-Zip				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CUTY-ST-78P						

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.

IGNATURE:

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/05 305 5940415