


**2004 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90683 024 \*\*\*150.00

**DOCUMENT # M54959**  
1. Entity Name  
**SABOR FEED, INC.**



Principal Place of Business: **11890 NW 87th Ct, Boy 11, W. OLEAH GARDENS, FL 33018**  
Mailing Address: **11890 NW 87th Ct #11, W. OLEAH GARDENS FL 33018**

**94079377**



2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.  
City & State  
Zip Country

CHANGES TO CURRENT STATEMENTS

4. FEI Number: **59-2826411**  
5. Certificate of Public Service:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**DE LA HOZ, FELIPE A.  
14783 N.W. 87TH CT  
MIAMI LAKES FL 33018**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box, Huntington Beach, etc. optional)  
City

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, and of acknowledging the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONAL BOARD MEMBERS	
TITLE: <b>PST</b>	NAME: <b>DE LA HOZ, FELIPE</b>	TITLE:	NAME:
STREET ADDRESS: <b>14783 N.W. 87TH CT</b>	STREET ADDRESS:	STREET ADDRESS:	STREET ADDRESS:
CITY-STATE-ZIP: <b>MIAMI LAKES FL 33018</b>	CITY-STATE-ZIP:	CITY-STATE-ZIP:	CITY-STATE-ZIP:
<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete
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<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 197(a) of the Internal Revenue Code, and that my signature shall have the same legal effect as if it were the signature of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that I am not a partner, officer, director, or an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_