

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000251

FILED  
Mar 03, 2005  
Secretary of State

Entity Name: SABER INC

## Current Principal Place of Business:

3990 W FLAGLER ST  
SUITE 500  
MIAMI, FL 33134

## New Principal Place of Business:

3990 W FLAGLER ST  
SUITE 103  
MIAMI, FL 33134 US

## Current Mailing Address:

3990 W FLAGLER ST  
SUITE 500  
MIAMI, FL 33134

## New Mailing Address:

3990 W FLAGLER ST  
SUITE 103  
MIAMI, FL 33134 US

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HABIF, JOSEFINA  
3990 W FLAGLER ST  
SUITE 500  
MIAMI, FL 33134 US

## Name and Address of New Registered Agent:

HABIF, JOSEFINA  
3990 W FLAGLER ST  
SUITE 103  
MIAMI, FL 33134 US

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.

SIGNATURE:

03/03/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: HABIF, JOSEFINA  
Address: 3990 W FLAGLER ST, SUITE 500  
City-St-Zip: MIAMI, FL 33134

Title: D ( ) Delete  
Name: OBESO, FERNANDO  
Address: 3990 W FLAGLER ST, SUITE 500  
City-St-Zip: MIAMI, FL 33134

Title: D ( ) Delete  
Name: PALACIOS, MARIA C  
Address: 3990 W FLAGLER ST, SUITE 500  
City-St-Zip: MIAMI, FL 33134

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: HABIF, JOSEFINA  
Address: 3990 W FLAGLER ST, SUITE 103  
City-St-Zip: MIAMI, FL 33134 US

Title: D (X) Change ( ) Addition  
Name: OBESO, FERNANDO  
Address: 3990 W FLAGLER ST, SUITE 103  
City-St-Zip: MIAMI, FL 33134 US

Title: D (X) Change ( ) Addition  
Name: PALACIOS, MARIA C  
Address: 3990 W FLAGLER ST, SUITE 103  
City-St-Zip: MIAMI, FL 33134 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEFINA HABIF

D

03/03/2005

Electronic Signature of Signing Officer or Director

Date