

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000027

FILED  
Jun 30, 2007  
Secretary of State

Entity Name: SAPIHA, INC.

## Current Principal Place of Business:

946 PRITCHARD ISLAND RD  
INVERNESS, FL 34450

## New Principal Place of Business:

## Current Mailing Address:

946 PRITCHARD ISLAND RD  
INVERNESS, FL 34450

## New Mailing Address:

FEI Number: 13-4292263      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

GRUBMAN, AL  
946 PRITCHARD ISLAND RD  
INVERNESS, FL 34450      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: DP      ( ) Delete  
Name: GRUBMAN, AL  
Address: 946 PRITCHARD ISLAND RD  
City-St-Zip: INVERNESS, FL 34450

Title: DT      ( ) Delete  
Name: SIEFERT, JOHN  
Address: 1032 PRITCHARD ISLAND RD  
City-St-Zip: INVERNESS, FL 34450

Title: DS      ( ) Delete  
Name: GRUNWALD, RICHARD  
Address: 964 PRITCHARD ISLAND RD  
City-St-Zip: INVERNESS, FL 34450

Title: DV      (X) Delete  
Name: GUMBEL, SAM  
Address: 1720 SW 110TH TERR  
City-St-Zip: DAVIE, FL 33324

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DV      (X) Change ( ) Addition  
Name: SIEFERT, JOHN  
Address: 1032 PRITCHARD ISLAND RD  
City-St-Zip: INVERNESS, FL 34450

Title: DST      (X) Change ( ) Addition  
Name: GUMBEL, SAM  
Address: 9420 E SOUTHGATE DRIVE  
City-St-Zip: INVERNESS, FL 34450

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: AL GRUBMAN

PRES

06/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date