2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011169

Address:

City-St-Zip:

2150 MAGNOLIA STREET

BARTOW, FL 33830

FILED Jun 08, 2007 Secretary of State

			,	
Entity Nai	me: SABERALA, INC.			
Current Principal Place of Business:		New Principal Place o	New Principal Place of Business:	
	NOLIA STREET , FL 33830	2150 MAGNOLIA STRE BARTOW, FL 33830	ET US	
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
	NOLIA STREET , FL 33830			
	: 20-5222025 FEI Number Applied For () ce with s. 607.193(2)(b), F.S., the corporation did	FEI Number Not Applicable() not receive the prior notice.	Certificate of Status Desired (X)	
Name and	Address of Current Registered Agent:	Name and Address of	New Registered Agent:	
ELLISON, MARTIN & ASSOCIATES INC 1022 LAKELAND HILLS BLVD LAKELAND, FL 33805 US		123 N KENTUCKY AVE SUITE 212	ELLISON, MARTIN & ASSOCIATES INC 123 N KENTUCKY AVE SUITE 212 LAKELAND, FL 33801 US	
	named entity submits this statement for the e of Florida.	purpose of changing its registered	office or registered agent, or both,	
SIGNATURE:			06/08/2007	
	Electronic Signature of Registered A	gent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PC () Delete LEWIS, JIMMY 2150 MAGNOLIA STREET BARTOW, FL 33830	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	VPVC () Delete TAYLOR, LOUMIS 2150 MAGNOLIA STREET BARTOW, FL 33830	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	ST () Delete LEWIS, PORTIA 2150 MAGNOLIA STREET BARTOW, FL 33830	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name:	TT () Delete TAYLOR, ANTHONY	Title: (Name:) Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: JIMMY LEWIS Ρ 06/08/2007