

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N20742**

1. Entity Name  
**SAGA LAKE INC.**



Principal Place of Business  
**300 S.W. 12TH AVE., SUITE #A  
3RD FLOOR  
MIAMI, FL 33130 US**

Mailing Address  
**300 S.W. 12TH AVE., SUITE #A  
3RD FLOOR  
MIAMI, FL 33130 US**



01122006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2806942</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**DIAZ, GUARIONE M.  
1223 SW 4TH STREET  
MIAMI, FL 33135**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DIAZ, GUARIONE M. 1223 SW 4TH STREET MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SANTANA, CRISTINA 1223 SW 4TH STREET MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SWITZER, RAQUEL C 1390 SO DIXIE HWY#1108 MIAMI, FL 33146
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD PAZOS, ANDRES 1223 SW 4TH STREET MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NAVARRO, MARTA 1223 SW 4TH STREET MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GALAN, JUAN 1223 SW 4TH STREET MIAMI, FL 33135

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IN THIS SPACE**

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04/28/06-80010-024-61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MBARRER**

**4/14/06**  
Date

**305 412 3624**  
Daytime Phone #