

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 A
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**



02022007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-2806942

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

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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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DIAZ, GUARIONE M.
STREET ADDRESS 1223 SW 4TH STREET
CITY-ST-ZIP MIAMI, FL 33135

TITLE SD
NAME SANTANA, CRISTINA
STREET ADDRESS 1223 SW 4TH STREET
CITY-ST-ZIP MIAMI, FL 33135

TITLE TD
NAME SWITZER, RAQUEL C
STREET ADDRESS 1390 SO DIXIE HWY#1108
CITY-ST-ZIP MIAMI, FL 33146

TITLE VPD
NAME PAZOS, ANDRES
STREET ADDRESS 1223 SW 4TH STREET
CITY-ST-ZIP MIAMI, FL 33135

TITLE D
NAME NAVARRO, MARTA
STREET ADDRESS 1223 SW 4TH STREET
CITY-ST-ZIP MIAMI, FL 33135

TITLE D
NAME GALAN, JUAN
STREET ADDRESS 1223 SW 4 STREET
CITY-ST-ZIP MIAMI, FL 33135

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05/23/07-80067-010 61.25

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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

Date

Daytime Phone #