

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 13, 2009
Secretary of State**

DOCUMENT# N20742

Entity Name: SAGA LAKE INC.

Current Principal Place of Business:

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

New Principal Place of Business:

1223 SW 4 ST
2ND FLOOR
MIAMI, FL 33135 US

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2806942 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: PD () Delete
Name: DIAZ, GUARIONE M.
Address: 1223 SW 4TH STREET
City-St-Zip: MIAMI, FL 33135

Title: SD () Delete
Name: SANTANA, CRISTINA
Address: 1223 SW 4TH STREET
City-St-Zip: MIAMI, FL 33135

Title: TD () Delete
Name: SWITZER, RAQUEL C
Address: 1390 SO DIXIE HWY#1108
City-St-Zip: MIAMI, FL 33146

Title: VPD () Delete
Name: PAZOS, ANDRES
Address: 1223 SW 4TH STREET
City-St-Zip: MIAMI, FL 33135

Title: D () Delete
Name: NAVARRO, MARTA
Address: 1223 SW 4TH STREET
City-St-Zip: MIAMI, FL 33135

Title: D () Delete
Name: GALAN, JUAN
Address: 1223 SW 4 STREET
City-St-Zip: MIAMI, FL 33135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D (X) Change () Addition
Name: BARRETO, MARIELENA
Address: 1223 SW 4 STREET
City-St-Zip: MIAMI, FL 33135

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: MARTA NAVARRO

D

03/13/2009

Electronic Signature of Signing Officer or Director

Date