


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90082 034 \*\*\*158.75

<b>DOCUMENT # P00000082102</b>					
1. Entity Name <b>SACA CORPORATION</b>					
Principal Place of Business <b>8316 NW 68TH ST. MIAMI FL 33186</b>			Mailing Address <b>8316 NW 68TH ST. MIAMI FL 33186</b>		
2. Principal Place of Business <b>12900 SW 128 ST.</b>		3. Mailing Address <b>SAME</b>			
Suite, Apt. #, etc. <b>205</b>		Suite, Apt. #, etc.			
City & State <b>Miami FL</b>		City & State			
Zip <b>33186</b>	Country <b>USA</b>	Zip	Country	4. FEI Number <b>65-1036375</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>SABBAGH, EDGAR 8316 NW 68TH ST. MIAMI FL 33186</b>			7. Name and Address of New Registered Agent Name <b>SABBAGH, EDGAR</b> Street Address (P.O. Box Number is Not Acceptable) <b>12900 S.W. 128 ST. SUITE 205</b> City <b>Miami</b> FL Zip Code <b>33186</b>		
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 <u><i>Edgar E. Sabbagh</i></u> DATE <u><i>01/28/04</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D SABBAGH, EDGAR 8316 NW 68TH ST. MIAMI FL 33186 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	D SABBAGH EDGAR 12900 SW 128 ST. SUITE 205 Miami, FL. 33186 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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: <u><i>Edgar E. Sabbagh</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u><i>01/28/04</i></u> Daytime Phone # <u><i>(786) 402-6468</i></u>		

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MOORE CR2E034 (11/03)