

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000115495

FILED
Jul 21, 2009
Secretary of State

Entity Name: SAINCA CONTROL CORPORATION

Current Principal Place of Business:

8439 NW 68 STREET
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

8439 NW 68 STREET
MIAMI, FL 33166

New Mailing Address:

FEI Number: 42-1768137

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FUENTES, VICENTE
8439 NW 68 STREET
MIAMI, FL 33166 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PO () Delete
Name: FUENTES, VICENTE
Address: 8439 NW 68 STREET
City-St-Zip: MIAMI, FL 33166

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FUENTES, VICENTE
Address: 8439 NW 68 STREET
City-St-Zip: MIAMI, FL 33166

Title: D () Change (X) Addition
Name: FUENTES, VICENTE
Address: 8439 NW 68 STREET
City-St-Zip: MIAMI, FL 33166

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICENTE FUENTES

P

07/21/2009

Electronic Signature of Signing Officer or Director

Date