2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2007
Secretary of State

DOCUMENT# P01000040552

Entity Name: SAC CONSULTING, INC.

Current Principal Place of Business:

8450 NORTHWEST 193RD LANE
MIAMI, FL 330155355

New Principal Place of Business:

101 SW 117TH AVE
307
PEMBROKE PINES, FL 33025

Current Mailing Address:

8450 NORTHWEST 193RD LANE
MIAMI, FL 330155355

New Mailing Address:

PO BOX 279098
MIRAMAR, FL 33027

FEI Number: 65-1098531 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALVARADO, GABRIEL J MR.
8450 NW 193 LN
MIAMI, FL 33015 US

Name and Address of New Registered Agent:

ALVARADO, GABRIEL J
101 SW 117TH AVE
307
PEMBROKE PINES, FL 33025 US

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: GABRIEL J. ALVARADO 09/06/2007
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: PTD ( ) Delete
Name: ALVARADO, GABRIEL J
Address: 8450 NORTHWEST 193RD LANE
City-St-Zip: MIAMI, FL 330155355

Title: SVD (X) Delete
Name: TREJO, CARMEN
Address: 8450 NORTHWEST 193RD LANE
City-St-Zip: MIAMI, FL 330155355

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: ALVARADO, GABRIEL J
Address: 101 SW 117TH AVE #207
City-St-Zip: PEMBROKE PINES, FL 33025

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

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: GABRIEL J. ALVARADO PTD 09/06/2007
Electronic Signature of Signing Officer or Director Date