

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

APPROVAL
AND
FILED

05 SEP -7 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09062005 No Chg-P CR2E034 (10/03)

DOCUMENT # P01000064355

1. Entity Name
SARAH ENGEL, INC.



Principal Place of Business

ATTN: OLGA
901 NW 22ND AVE.
MIAMI, FL 33125

Mailing Address

ATTN: OLGA
901 NW 22ND AVE.
MIAMI, FL 33125

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ENGEL, GERALD
901 NW 22ND AVE.
MIAMI, FL 33125

**DO NOT WRITE
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

Sept 6, 2005

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ENGEL, GERALD
901 NW 22ND AVE.
MIAMI, FL 33125

TITLE
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000059753470
09/20/05--01003--019 **150.00

K. Eckel SEP -7 2005

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sept 6, 2005