## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000065003

Entity Name: SABIO INFORMATION TECHNOLOGIES, INC

FILED Apr 04, 2008 Secretary of State

Littly Nai	ille. SABIOT	NEORIVIATION TE	CHINOLOGIES	, IIVC.			
Current Principal Place of Business:				New Principal Place of Business:			
8200 NW 2 MIAMI, FL		T SUITE 115					
Current Mailing Address:				New Mailing Address:			
8200 NW 2 MIAMI, FL		T SUITE 115					
FEI Number	: 65-1117736	FEI Number App	olied For()	FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and	Address of	Current Registe	red Agent:	Name and	Address	of New Registered Agent:	
1203 GOV	ERNORS SO	CORPORATED QUARE BLVD., SL 3012960 US	JITE 101				
	named entity of Florida.	/ submits this state	ement for the pu	rpose of changing i	ts registere	ed office or registered agent, or bo	th,
SIGNATUR	RE:						
	Electro	onic Signature of F	Registered Ager	t		Date	_
Election Car	npaign Financi	ng Trust Fund Contr	ibution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	SANTIAGO, N	H STREET SUITE 11:	5	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SANTIAGO, N	H STREET SUITE 11:	5	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SANTIAGO, N	TH STREET SUITE 11:	5	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SANTIAGO, N	TH STREET SUITE 11:	5	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title:	s (	) Delete		Title:	S	(X) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SANTIAGO, MARIO

MIAMI, FL 33122

8200 NW 27TH STREET SUITE 115

SIGNATURE: MARIO SANTIAGO PRES 04/04/2008

SANTIAGO, LOURDES

15002 SW 45 LANE

MIAMI, FL 33185

Name:

Address:

City-St-Zip: