STREET ADDRESS CITY-ST-ZIP

2004 FOR PROFIT CORPORATION

Apr 12, $2\overline{004}$ 8:00 am ANNUAL REPORT Secretary of State DOCUMENT # P01000071556 04-12-2004 90332 012 ***150.00 1. Entity Name SACRAMENTO INC. Mailing Address Principal Place of Business 14001389 520 BRICKELL KEY DRIVE, SUITE 0-305 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. CR2E034 (10/03) 01072004 Chg-P Applied For 4. FEI Number City & State City & State 65-1137122 Not Applicable Country \$8.75 Additional Country Zìp 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOBAI COMPONATE Administration, LLC TRANSGLOBAL CORPORATE ADMINISTRATION, INC Street Address (P.O. Box Number is Not Acceptable) 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131 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 SIGNATURE ame of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Signature, ty 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. [7] Added to Fees After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, OFFICERS AND DIRECTORS 11. ρ TITLE ☐ Detete TITLE Change . Addition Pereyra Negreira, Julian PEREYRA NEGEIRA, JULIAN NAME NAME 500 Brickell Key Drive ste 0-305 520 BRICKELL KEY DRIVE, SUITE 0-305 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-7IP MIGM: FL 33131 Change L.I Addition ☐ Delete TITLE TITLE Moran fonfria, Santiago FONFRIA, SANTIAGO MORAN NAME NAME ste0-305 520 Brickell Key Drive 520 BRICKELL KEY DRIVE, SUITE 0-305 STREET ADDRESS STREET ADDRESS MIAMI, FL 33131 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 Addition TITLE ☐ Delete TITLE Change PAULO RIANI, JUAN FRANCISCO Pereyro-Redondo, Dario NAME NAME 520 Brickell Key Drive ste 0-305 520 BRICKELL KEY DRIVE, SUITE 0-305 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP <u> Miami FC 33131</u> Change Change ■ Addition TITLE ☐ Delete STAUHAM, NICHOLAS Stanham, Michalas NAME NAME 520 BRICKELL KEY DRIVE STE 0-305 520 Brickell Key Drive SIE 0-306 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP Ulam: FL 33131 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE □ Change Addition TITLE NAME NAME STREET ADDRESS

FILED

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.

CITY-ST-ZIP

SIGNATURE: _	M-	ł		NICHOIAS STANDAM	01	/22	100	1	30 374 3800
	SIGNATURE AND TYP	\sim	PRINTED N	AME OF SIGNING OFFICER OR DIRECTOR	1	' !	Date		Daytime Phone #
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