Apr-28-03 03:49P THESAURUS CORP

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Secretary of State
05-08-2003 90169 024 ***150.00

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000027461

1. Entity Name
SALA GARCIA, INC.

Principal Place of Business	Mailing Address
22563 SW 66 AVE 108F BOCA RATON, FL 33428	22563 SW 66 AVE 108F BOCA RATON, FL 33428

2. Principal Place of Business	3. Mailing Address
141 NE 3rd Ave	141 NE 3rd Ave
Suite, Apt. #, etc. 406	Suite, Apt. #, etc. 406
City & State Miami, FL	City & State Miami, FL
Zip 33132 Country USA	Zip 33132 Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 01-0627614 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
FINANCIAL FOUNDATIONS, INC.
3150 SANDY RIDGE DR
CLEARWATER, FL 33761

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

[redacted]

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SALA, DANNY S 22563 SW 66 AVE 108F BOCA RATON, FL 33428	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: D. S. S. 4/29/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)