

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90130 049 \*\*\*150.00

**DOCUMENT # P02000035646**

1. Entity Name  
**SAGA ILLUSIONS, INC.**



Principal Place of Business  
**5421 SW 44 TERR  
FT LAUDERDALE, FL 33314**

Mailing Address  
**5421 SW 44 TERR  
FT LAUDERDALE, FL 33314**

40048110



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04042006

Chg-P

CR2E034 (11/05)

4. FEI Number

**38-3646198**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**NUNEZ, NILKA E  
5421 SW 44 TERR  
FT LAUDERDALE, FL 33314**

7. Name and Address of New Registered Agent

Name

**Evelyn R. Young**

Street Address (P.O. Box Number is Not Acceptable)

**4111 SW 25th St. Suite #13**

City

**Ft. Lauderdale**

FL

Zip Code

**33317**

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

*Evelyn R. Young*

**EVELYN Young Key young assoc. Inc. 04/10/06**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **MGR** ☐ Delete  
NAME **ORTIZ, ARLEEN**  
STREET ADDRESS **5421 SW 44 TERR**  
CITY-ST-ZIP **FT LAUDERDALE, FL 33314**

TITLE **D** ☐ Delete  
NAME **NUNEZ, NILKA E**  
STREET ADDRESS **5421 SW 44 TERR**  
CITY-ST-ZIP **FT LAUDERDALE, FL 33314**

TITLE **D** ☐ Delete  
NAME **THOMEN, FEDERICO S.**  
STREET ADDRESS **6108 SW 22 STREET**  
CITY-ST-ZIP **MIRAMAR, FL 33023**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

*Yelka E. Young*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #