

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000035646

1. Entity Name
SAGA ILLUSIONS, INC.



FILED

07 MAR 23 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Mailing Address
5421 SW 44 TERR
FT LAUDERDALE, FL 33314

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02272007

Chg-P

CR2E034 (12/06)

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

YOUNG, EVELYN R
4111 SW 25TH ST STE 13
FORT LAUDERDALE, FL 33317

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
Fort Lauderdale
City Broward FL Zip Code 33314

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

03/11/07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
000095203330
04/04/07--01036--015 **150.00

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

Helene Rosa Pineda
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/11/07
Date

Daytime Phone #

K. Eckel MAR 29 2007