## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000035646

Entity Name: SAGA ILLUSIONS, INC.

FILED May 01, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Frincipal Flace Of Business.	New Fillicipal Flace Of Dusiliess.

5421 SW 44 TERR 1767 RED BUD CIRCLE NW

FT LAUDERDALE, FL 33314 PALM BAY, FL 32907

Current Mailing Address: New Mailing Address:

5421 SW 44 TERR 1767 RED BUD CIRCLE NW FT LAUDERDALE, FL 33314 PALM BAY, FL 32907

FEI Number: 38-3646198 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

YOUNG, EVELYN R 4111 SW 25TH ST SUITE #13 FORT LAUDERDALE, FL 33314 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MGR ( ) Delete Title: MGR (X) Change ( ) Addition
Name: ORTIZ, ARLEEN Name: THOMEN, ARLEEN
Address: 5421 SW 44 TERR Address: 1767 RED BLID CIRCLE NW

 Address:
 5421 SW 44 TERR
 Address:
 1767 RED BUD CIRCLE NW

 City-St-Zip:
 FT LAUDERDALE, FL 33314
 City-St-Zip:
 PALM BAY, FL 32907

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: NUNEZ, NILKA E Name: NUNEZ, NILKA E

 Name:
 Nonez, Nicka E
 Name:
 Nonez, Nicka E

 Address:
 5421 SW 44 TERR
 Address:
 513 PLUMBAGO RD NW

 City-St-Zip:
 FT LAUDERDALE, FL 33314
 City-St-Zip:
 PALM BAY, FL 32907

( ) Delete Title: Title: (X) Change ( ) Addition THOMEN, FEDERICO S. Name: THOMEN, FEDERICO S JR Name: 6108 SW 22 STREET 689 WEAVER RD. SW Address: Address: City-St-Zip: MIRAMAR, FL 33023 City-St-Zip: PALM BAY, FL 32908

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.

SIGNATURE: ARLEEN THOMEN MGR 05/01/2008