2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000045152

1. Entity Name
SARA GOBOTCHIE, INC.

Principal Place of Business	Mailing Address
5009 N. HIATUS RD SUITE 1 SUNRISE, FL 33351	5009 N. HIATUS ROAD SUNRISE, FL 33351-7904

DO NOT WRITE IN THIS SPACE

01142005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
03-0435707	Not Applicable

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

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6. Name and Address of Current Registered Agent

COOPERMAN, STEVEN J
5009 N. HIATUS RD
SUNRISE, FL 33351

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

FILE NOW!!! FEE IS $150.00 **After May 1, 2005 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U000002201754 01/28/05-80080-011 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	COOPERMAN, STEVEN J
STREET ADDRESS	5009 N HIATUS RD
CITY-ST-ZIP	SUNRISE, FL 33351

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____   1/17/05   954-572-7410

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #