## 2007 FOR PROFIT CORPORATION

## **FILED ANNUAL REPORT** Feb 12, 2007 08:00 AM **DOCUMENT # P02000050152 Secretary of State** 1. Entity Name SABUGO CASH, INC. Principal Place of Business Mailing Address 1136 WEST FLAGLER STREET 1136 WEST FLAGLER STREET MIAMI, FL 33130 MIAMI, FL 33130 02072007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 38-3649394 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SABUGO, MAURO DO NOT WRITE 1136 WEST FLAGLER STREET MIAMI, FL 33130 IN THIS SPACE 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS PSD TALE SABUGO, MAURO NAME STREET ADDRESS 1136 WEST FLAGLER STREET CITY-ST-7/P MIAMI, FL 33130 TITLE U00000633093 02/21/07-80049-006 150.00 NAME STREET ADDRESS CITY-SY-ZIP TΠIF NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 allyother like empowered.

SIGNATURE: \_

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR