


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State


01-29-2004 90018 047 ***150.00

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| DOCUMENT # P02000075898 |  |
| 1. Entity Name SABALO INVESTMENT GROUP, INC. | |

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| Principal Place of Business 5041 SOUTH SHORE NEW PORT RICHEY FL 34652 | Mailing Address PO BOX 1951 TARPON SPRINGS FL 34688 |
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| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
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|--------------|--------------|
| City & State | City & State |
| Zip | Country |

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| MOORE | CR2E034 (11/03) |
| 4. FEI Number 51-6415311 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

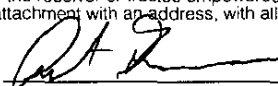
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| 6. Name and Address of Current Registered Agent GEORGIU, ART 5041 SOUTH SHORE DR. NEW PORT RICHEY FL 34652 | |
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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | FL Zip Code |

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| 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 | DATE |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD BONBRISCO, DIANE 100 PIERCE ST., UNIT 1106 CLEARWATER FL 33756 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD Bonbrisco, Diane 5041 Southshore Dr New Port Richey, FL 34652 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD GEORGIU, ART 100 PIERCE ST., UNIT 1106 CLEARWATER FL 33756 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD Georgiou Art 5041 South Shore Dr New Port Richey, FL 34652 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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:  Art Georgiou VP | Date 1/21/04 Daytime Phone # 727 686 5968 |