

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000090458

FILED  
Jan 08, 2007  
Secretary of State

Entity Name: SAILFISHER, INC.

**Current Principal Place of Business:**

10440 SW 71ST AVENUE  
MIAMI, FL 33156

**New Principal Place of Business:**

11955 SW 46TH STREET  
MIAMI, FL 33175

**Current Mailing Address:**

10440 SW 71ST AVENUE  
MIAMI, FL 33156

**New Mailing Address:**

11955 SW 46TH STREET  
MIAMI, FL 33175

FEI Number: 20-8176114

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

A&A REGISTERED AGENT, INC.  
4551 PONCE DE LEON BOULEVARD  
CORAL GABLES, FL 33146 US

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

ALAYON, CARLOS A PSTD  
11955 SW 46TH STREET  
MIAMI, FL 33175 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: CARLOS A. ALAYON

01/08/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: ALAYON, MARTHA L  
Address: 10440 SW 71ST AVENUE  
City-St-Zip: MIAMI, FL 33156

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition  
Name: ALAYON, CARLOS A  
Address: 11955 SW 46TH STREET  
City-St-Zip: MIAMI, FL 33175

Title: VPSD ( ) Change (X) Addition  
Name: ARRIETA, LUIS  
Address: 10821 SW 61ST TERRACE  
City-St-Zip: MIAMI, FL 33173

I hereby certify that the information supplied with this filing does not qualify for the 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: CARLOS A. ALAYON

PSTD

01/08/2007

Electronic Signature of Signing Officer or Director

Date