2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 23, 2006 08:00 A

		ZMI 4171		_	Juli	-0, - 000 0	J. U U
DOCUMENT # P02000098655 1. Entity Name SARRIA HOLDINGS II, INC.					Se	ecretary of	'Sta
Principal Plac	e of Business	Mailing Address	٠.				
4725 S.W. 8 MIAMI, FL 3		4725 S.W. 8TH STREET Miami, FL 33131					
		signed of the second s	A A A A A A A A A A A A A A A A A A A				
DO NOT WRITE IN THIS SPACE			CE	01162006	No Chg-P	CR2E034 (11/05)	ale.i
				4. FEI Numbi	2308	Not A	ed For pplicable
	6. Name and Address of Current Re	nistered Agent	;	5. Certificate	of Status Desired	Fee Required	1.2.7
CADDIA F		Sisterior Agent	· ·				
SARRIA, FRANCISCO 4725 SW 8TH STREET MIAMI, FL 33143			DO NOT WRITE				
МІАМІ, FL	. 33143			IN 7	THIS SP	ACE	
	named entity submits this statement for thions of registered agent.	e purpose of changing its register	ed öffice or registe	red agent, or bo	th, in the State of Flo	rida. I am familiar with, an	d accept
SIGNATURE_	Signature, typed or printed name of registered agent and	litle if applicable. (NOTE Registere	ed Agent signalure require	d when recastaling)		DATE	 , ,
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Finar	ncing _ \$5	.00 May Be led to Fees		0398454 -80094-019 150).00
10.	OFFICERS AND DI	RECTORS	1		· · · · · · · · · · · · · · · · · · ·		
TITLE NAME STREET ADDRESS GITY-ST-ZIP	D SARRIA, FRANCISCO 4725 S.W. 8TH STREET MIAMI, FL 33131						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-				
TITLE NAME STREET ADDRESS CITY-ST-ZIP						-	** *****

12. I hereby certify that the information supplied with this filling 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 all other like empowered.

SIGNATURE: 🔨

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR