


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000113534		
1. Entity Name SARRAS ENTERPRISES COMPANY, INC.		

FILED

07 FEB 20 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 12009 STONE CROSSING CIRCLE TAMPA, FL 33635	Mailing Address 12009 STONE CROSSING CIRCLE TAMPA, FL 33635
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 45 Imani Circle
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State Midway, Florida 32343
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Zip	Country	Zip	Country
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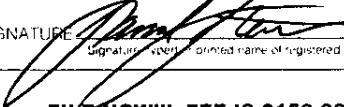
02202007 Chg-P CR2E034 (12/06)

4. FEI Number 02-0650233	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STEVENS, SAMUEL 45 IMARI CIRCLE MIDWAY, FL 32343	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 	(NOTE: Registered Agent signature required when transferring)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	900089282299 02/27/07--01001--019 **158.75
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME MERCER, APRYL STREET ADDRESS 12009 STONE CROSSING CIRCLE CITY ST ZIP TAMPA, FL 33635	<input checked="" type="checkbox"/> Delete	TITLE V.P. NAME Rodrick Stevens STREET ADDRESS 45 Imani Circle CITY ST ZIP Midway FL 32343	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE Pres. NAME STEVENS, SAMUEL STREET ADDRESS 45 IMARI CIRCLE CITY ST ZIP MIDWAY, FL 32343	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE S NAME Smith, Sonya James STREET ADDRESS 45 Imani Circle Midway, FL 32343	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: 	3-20-07 5195953
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #