

FILED

Jan 19, 2007 08:00 AM

Secretary of State

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000030698

1. Entity Name
SACMI AMERICA, CORPORATION

Principal Place of Business

13876 SW 56 ST
#188
MIAMI, FL 33175

Mailing Address

13876 SW 56 ST
#188
MIAMI, FL 33175**DO NOT WRITE IN THIS SPACE**

01102007 No Chg-P CR2E034 (11/05)

4. FEI Number
61-0454926Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARRUARANA, RODOLFO V
13876 SW 56 ST
STE #188
MIAMI, FL 33175**DO NOT WRITE
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, type or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****10. OFFICERS AND DIRECTORS**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
ARRUARANA, RODOLFO V
13876 SW 56 ST STE #188
MIAMI, FL 33175TITLE
NAME
STREET ADDRESS
CITY- ST- ZIPTITLE
NAME
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NAME
STREET ADDRESS
CITY- ST- ZIPU000000592333
01/19/07-80058-004 150.00**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Date

Daytime Phone #