


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90333 030 ***158.75

DOCUMENT # P03000058743					
1. Entity Name SAEZ HOLDINGS, INC.					
Principal Place of Business 8290 N.W. 25TH STREET MIAMI, FL 33122			Mailing Address 8290 N.W. 25TH STREET MIAMI, FL 33122		
2. Principal Place of Business		3. Mailing Address c/o Ivan A. Gomez, Esq. Suite, Apt. #, etc. 601 Brickell Key Drive #507			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Miami, Florida		4. FEI Number 20-0026001	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33131		Country U.S.A.		Applied For Not Applicable	
6. Name and Address of Current Registered Agent RICARDO, EDWIN CPA 999 PONCE DE LEON BLVD. SUITE 715 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent IAG CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 601 BRICKELL KEY DRIVE SUITE 507 City MIAMI FL Zip Code 33131		
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. IAG CORPORATE SERVICES, INC. BY: IVAN A. GOMEZ, PRESIDENT SIGNATURE _____ DATE 4/5/05					
(NOTE: Registered Agent signature required when renotating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SAEZ, PEDRO J 8290 N.W. 25TH STREET MIAMI, FL 33122	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD SAEZ, CONSUELO 8290 N.W. 25TH STREET MIAMI, FL 33122	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			04-14-05 (305) 371-9213 Date Daytime Phone #		