

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90121 005 \*\*\*150.00

DOCUMENT # P03000089680

1. Entity Name  
SABIO ACQUISITIONS, INC.



Principal Place of Business  
25 S.E. SECOND AVENUE  
SUITE 1237  
MIAMI, FL 33131

Mailing Address  
25 S.E. SECOND AVENUE  
SUITE 1237  
MIAMI, FL 33131



03082005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
57-1183116

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BATCHELDER, DAVID JR.  
25 S.E. SECOND AVENUE  
SUITE 1237  
MIAMI, FL 33131

**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*David Batchelder*

*4/29/05*

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE SD  
NAME BATCHELDER, DAVID JR.  
STREET ADDRESS 25 S.E. SECOND AVENUE SUITE 1237  
CITY-ST-ZIP MIAMI, FL 33131

TITLE PD  
NAME RIVERA, OMAR  
STREET ADDRESS 25 S.E. SECOND AVENUE SUITE 1237  
CITY-ST-ZIP MIAMI, FL 33131

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*David Batchelder*

*4/29/05*

Date

*(305) 371-8127*

Daytime Phone #