2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000114893

Entity Name: SAO BENTO SERVICE CENTER INC.

FILED Apr 21, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6915 RED RD 6915 RED ROAD SUITE 214 SUITE 214

CORAL GABLES, FL 33143 CORAL GABLES, FL 33143

Current Mailing Address: New Mailing Address:

6915 RED RD 6915 RED ROAD SUITE 214 SUITE 214

CORAL GABLES, FL 33143 CORAL GABLES, FL 33143

FEI Number: 56-2405399 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SAO BENTO, OLIMPIO
6915 RED RD
6915 RED ROAD
SUITE 214
SUITE 214

CORAL GABLES, FL 33143 US CORAL GABLES, FL 33143 US

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.

SIGNATURE: 04/21/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

Name:

Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

P () Delete Title: P (X) Change () Addition SAO BENTO, OLIMPIO Name: SAO BENTO, OLIMPIO 6915 RED RD SUITE 214 Address: 6915 RED ROAD SUITE 214 CORAL GABLES, FL 33143 City-St-Zip: CORAL GABLES, FL 33143

Title: SD () Delete Title: SD (X) Change () Addition Name: SAO BENTO, JOSEFINA Name: SAO BENTO, JOSEFINA Address: 6915 RED RD SUITE 214

Address: 6915 RED RD SUITE 214

Address: 6915 RED RD SUITE 214 Address: 6915 RED ROAD SUITE 214
City-St-Zip: CORAL GABLES, FL 33143 City-St-Zip: CORAL GABLES, FL 33143

() Delete Title: Title: (X) Change () Addition TD SAO BENTO, OLIMPIO SR SAO BENTO, OLIMPIO SR Name: Name: 6915 RED RD SUITE 214 6915 RED ROAD SUITE 214 Address: Address: City-St-Zip: CORAL GABLES, FL 33143 City-St-Zip: CORAL GABLES, FL 33143

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OLIMPIO SAO BENTO JR P 04/21/2007