

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90023 042 ***150.00

DOCUMENT # P03000135608

1. Entity Name
ALEX SABRE ENTERPRISES, INC.



Principal Place of Business
**7879 SAINT ANDREWS CIRCLE
ORLANDO, FL 32835**

Mailing Address
**7879 SAINT ANDREWS CIRCLE
ORLANDO, FL 32835**

24019859

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02182004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

20-0278061

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required.**

6. Name and Address of Current Registered Agent

**SIMAO, ALEX
7879 SAINT ANDREWS CIRCLE
ORLANDO, FL 32835**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SIMAO, ALEX**
STREET ADDRESS **7879 SAINT ANDREWS CIRCLE**
CITY-ST-ZIP **ORLANDO, FL 32835**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

Date

Daytime Phone #

3/3/2004

Attachment Attachment
Patrick M. Burns, CPA, PA

Accountants, Consultants and Tax Professionals

841019859

PO 3000/35608

March 8, 2004

Uniform Business Report
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

RE: Alex Sabre Enterprises, Inc.

Dear Sir or Madam:

Enclosed please find the 2004 For Profit Corporation Uniform Business Report for the above taxpayer along with check #583 in the amount of \$150.00. Please process this documentation at your earliest convenience and send notification to the taxpayer at the address on record. Should you have any questions, please feel free to contact me directly at (407) 228-4443.

Sincerely,

Patrick M. Burns
Patrick M. Burns, CPA

1516 E. Hillcrest Street
Suite 307
Orlando, Florida, 32803

(407) 228-4443 Tel
(407) 228-4503 Fax

On the Internet:
www.pmbcpa.com