

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000146415

Entity Name: SACFI CORP

FILED
May 14, 2007
Secretary of State

Current Principal Place of Business:

6420 NW 114 AVE
SUITE 1328
MIAMI, FL 33178 US

New Principal Place of Business:

11365 NW 50 TERRACE
DORAL, FL 33178 US

Current Mailing Address:

6420 NW 114 AVE
SUITE 1328
MIAMI, FL 33178 US

New Mailing Address:

11365 NW 50 TERRACE
DORAL
DORAL, FL 33178 US

FEI Number: 20-0448902

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOLLA, MARIO
6420 NW 114 AVE
SUITE 1328
MIAMI, FL 33178 US

Name and Address of New Registered Agent:

SOLLA, MARIO
11365 NW 50 TERRACE
DORAL, FL 33178 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: MARIO SOLLA

05/14/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SOLLA, MARIO
Address: 6420 NW 114 AVE SUITE 1328
City-St-Zip: MIAMI, FL 33178 US

Title: VP () Delete
Name: ISEA, GRACIELA M
Address: 6420 NW 114 AVE SUITE 1328
City-St-Zip: MIAMI, FL 33178 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SOLLA, MARIO
Address: 11365 NW 50 TERRACE
City-St-Zip: DORAL, FL 33178 US

Title: VP (X) Change () Addition
Name: ISEA, GRACIELA M
Address: 11365 NW 50 TERRACE
City-St-Zip: DORAL, FL 33178 US

I hereby certify that the information supplied with this filing does not qualify 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: MARIO SOLLA

P

05/14/2007

Electronic Signature of Signing Officer or Director

Date