

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000146415

Entity Name: SACFI CORP

FILED  
Jan 14, 2008  
Secretary of State

## Current Principal Place of Business:

11365 NW 50 TERRACE  
DORAL, FL 33178 US

## New Principal Place of Business:

11365 NW 50TH. TERRACE  
DORAL, FL 33178 US

## Current Mailing Address:

11365 NW 50 TERRACE  
DORAL  
DORAL, FL 33178 US

## New Mailing Address:

11365 NW 50TH. TERRACE  
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  
11365 NW 50 TERRACE  
DORAL, FL 33178 US

## Name and Address of New Registered Agent:

SOLLA, MARIO  
11365 NW 50TH. 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

01/14/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DIR ( ) Change (X) Addition  
Name: SOLLA, MARGHERITA  
Address: 1165 NW 50TH. TERRACE  
City-St-Zip: DORAL, FL 33178

Title: DIR ( ) Change (X) Addition  
Name: SOLLA, MARIANNA  
Address: 1165 NW 50TH. TERRACE  
City-St-Zip: DORAL, FL 33178

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

PRES

01/14/2008

Electronic Signature of Signing Officer or Director

Date