

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90047 009 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000067319

1. Entity Name
SAS INSURANCE AGENCY, INC.



Principal Place of Business
5011 S. STATE ROAD 7, UNIT 105
DAVIE, FL 33314

Mailing Address
5011 S. STATE ROAD 7, UNIT 105
DAVIE, FL 33314

40039842



03182005 Chg-P CR2E034 (10/03)

4. FEI Number
20-1046551
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARIA DEL PILAR COLLAZO
165 NW 96 TERRACE
BUILDING 3, SUITE 304
PEMBROKE PINES, FL 33024

7. Name and Address of New Registered Agent

Name
MARIA DEL PILAR COLLAZO
Street Address (P.O. Box Number is Not Acceptable)
13301 SW 14 PLACE

City DAVIE FL Zip Code 33325

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 *x mpcollazo* MARIA DEL PILAR COLLAZO 3/18/05
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, 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 PD
NAME MARIA DEL PILAR COLLAZO
STREET ADDRESS 5011 S. STATE ROAD 7, UNIT 105
CITY-ST-ZIP DAVIE, FL 33314 ☐ Delete

TITLE VD
NAME COLLAZO, JUAN A
STREET ADDRESS 5011 S. STATE ROAD 7, UNIT 105
CITY-ST-ZIP DAVIE, FL 33314 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE VP
NAME SANTIAGO STEVEN A.
STREET ADDRESS 5011 S. STATE ROAD 7 (UNIT 105)
CITY-ST-ZIP DAVIE, FL 33314 ☐ Change ☒ Addition

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

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

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

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: *x mpcollazo* President 3/18/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #