2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006
Secretary of State

DOCUMENT# P04000067319

Entity Name: SAS INSURANCE AGENCY, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

13301 SW 14 PLACE
DAVIE, FL 33325

Current Mailing Address:

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

New Mailing Address:

13301 SW 14 PLACE
DAVIE, FL 33325

FEI Number: 20-1046551 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARIA DEL PILAR COLLAZO
13301 SW 14 PLACE
DAVIE, FL 33325 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MARIA DEL PILAR COLL, AZO
Address: 5011 S. STATE ROAD 7, UNIT 105
City-St-Zip: DAVIE, FL 33314

Title: VD ( ) Delete
Name: COLLAZO, JUAN A
Address: 5011 S. STATE ROAD 7, UNIT 105
City-St-Zip: DAVIE, FL 33314

Title: VP (X) Delete
Name: SANTIGO, STEVEN A
Address: 5011 S STATE RD, # 407, (UNIT 105)
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MARIA DEL PILAR COLL, AZO
Address: 13301 SW 14 PLACE
City-St-Zip: DAVIE, FL 33325

Title: VP (X) Change ( ) Addition
Name: SASNTIAGO, STEVEN A VP
Address: 13301 SW 14 PLACE
City-St-Zip: DAVIE, FL 33325

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MARIA DEL PILAR COLLAZO PSTD 02/16/2006
Electronic Signature of Signing Officer or Director Date