
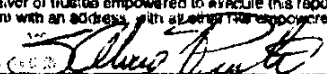


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90829 027 ***155.00

DOCUMENT # P04000087153			
1. Entity Name S.A. INTERNATIONAL GROUP, INC.			
Principal Place of Business 7614 NW 6 TH AVENUE SUITE BOCA RATON, FL 33487		Mailing Address 16900 NORTH BAY ROAD SUITE 1017 SUNNY ISLES, FL 33160	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 16900 North Bay Rd.	
Suite, Apt. # etc.		Suite, Apt. # etc. 2102	
City & State		City & State Sunny Isles	
Zip	Country	Zip	Country
		fl	33160
4. FEI Number 20-1213829		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PINTO, SILVANO ALIRIO 16900 NORTH BAY ROAD SUITE 1017 SUNNY ISLES, FL 33160		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 entry 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 <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE	
FILE NOW! FEE IS \$150.00 After May 1, 2007 Fee will be \$250.00		9. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD PINTO, SILVANO ALIRIO	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	16900 NORTH BAY ROAD	NAME	
STREET ADDRESS	SUNNY ISLES, FL 33160	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	SD PINTO, JULIAN	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	16900 NORTH BAY ROAD	NAME	
STREET ADDRESS	SUNNY ISLES, FL 33160	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, changed, or on an attachment with an address, with all other information required.			
SIGNATURE: 		DATE: 4/17/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

40092648



04212007 Chg-P CR2E034 (12/06)

4. FEI Number
20-1213829

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 4/17/07 331-7841

DATE