2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000087157

Entity Name: SAEZ INVESTMENT, INC.

4001 SW 152 PLACE

MIAMI, FL 33185

Address:

City-St-Zip:

FILED Aug 02, 2007 Secretary of State

Littly Nai	He. SALZ INV	LOTIVILIVI, IIVO.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
5511 NW 74 AVENUE MIAMI, FL 33166			2678 NW 112 AVE MIAMI, FL 33172		
Current M	ailing Addres	s:	New Mailing Addres	New Mailing Address:	
5511 NW 7 MIAMI, FL	74 AVENUE 33166		2678 NW 112 AVE MIAMI, FL 33172		
FEI Number:	20-1201717	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
SAEZ, JOS 5534 NW 7 MIAMI, FL	72 AVENUE		SAEZ, JOSE 2678 NW 112 AVE MIAMI, FL 33172 U	Js	
	named entity s e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE: JOSE SAEZ				08/02/2007	
	Electron	ic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no 1 Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () SAEZ, JOSE 6365 COLLINS MIAMI BEACH,	,	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD () SAEZ, DORA 6365 COLLINS MIAMI BEACH,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DT () SAEZ, MARIA A 15281 SW 30 T MIAMI, FL 3318	ERR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	SD ()	Delete	Title:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: JOSE SAEZ PD 08/02/2007