# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000163332

**Entity Name:** SABINA COVO ENTERPRISES, INC.

| **Current Principal Place of Business:** | **New Principal Place of Business:** |
|---|---|
| 479 NE 30 STREET APT 405<br>MIAMI, FL 33137 | 1627 BRICKELL AVENUE<br>1402<br>MIAMI, FL 33137 |

| **Current Mailing Address:** | **New Mailing Address:** |
|---|---|
| 2140 SW 3RD AVENUE<br>SUITE 1E<br>MIAMI, FL 33129 | 1627 BRICKELL AVENUE<br>1402<br>MIAMI, FL 33137 |

FEI Number: 20-2338764     FEI Number Applied For ( )     FEI Number Not Applicable ( )     Certificate of Status Desired ( )

| **Name and Address of Current Registered Agent:** | **Name and Address of New Registered Agent:** |
|---|---|
| COVO, SABINA<br>479 NE 30 ST<br># 405<br>MIAMI, FL 33137 US | COVO, SABINA<br>1627<br>1402<br>MIAMI, FL 33129 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: _____     06/02/2009
          Electronic Signature of Registered Agent                                    Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

| **OFFICERS AND DIRECTORS:** | **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:** |
|---|---|
| Title:     D          ( ) Delete<br>Name:     COVO, SABINA<br>Address:  479 NE 30 ST, #405<br>City-St-Zip:  MIAMI, FL 33137 | Title:     MS          (X) Change ( ) Addition<br>Name:     HILDA, JUAN<br>Address:  1627 BRICKELL AVE<br>City-St-Zip:  MIAMI, FL 33129 |

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:  SABINA COVO                          MS.                     06/02/2009
          Electronic Signature of Signing Officer or Director                          Date