2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000034358

1. Entity Name
SARA'S DAC INTERIORS, INC.

Principal Place of Business	Mailing Address
510 CRESTOVER DRIVE	510 CRESTOVER DRIVE
TEMPLE TERRACE, FL 33617	TEMPLE TERRACE, FL 33617

DO NOT WRITE IN THIS SPACE

04082008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-2066758	Not Applicable

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

6. Name and Address of Current Registered Agent

COHEN, SARA J
510 CRESTOVER DRIVE
TEMPLE TERRACE, FL 33617

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IN THIS SPACE

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_____

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, 2008 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U000000892674 04/23/08-00075-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	COHEN, SARA J
STREET ADDRESS	510 CRESTOVER DRIVE
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617

TITLE	VP
NAME	COHEN, MARTIN DR.
STREET ADDRESS	510 CRESTOVER DRIVE
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____   4/9/08 813-985-4515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #