2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000060549

1. Entity Name SAAM FLORIDA, INC.



Principal Place of Business

201 S BISCAYNE BLVD STE 1500 (LAD) MIAMI, FL 33131

Mailing Address

201 S BISCAYNE BLVD STE 1500 (LAD) MIAMI, FL 33131

FILED May 22, 2008 8:00 am Secretary of State

05-22-2008 90022 001 ***158.75

60043600



DO NOT WRITE IN THIS SPACE

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No Chg-P

CR2E034 (11/05)

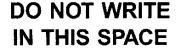
4. FEI Number 20-2737292 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI 201 S BISCAYNE BLVD STE 1500 (LAD) MIAMI, FL 33131



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)

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

OFFICERS AND DIRECTORS PD TITLE -RAWLINS, ALBERTO NAME STREET ADDRESS 201 S. BISCAYNE BLVD. #1500 CITY-ST-ZIP MIAMI, FL 33131 SD TITLE NAME RIOJA, FELIPE STREET ADDRESS 201 S. BISCAYNE BLVD.#1500 CITY-ST-ZIP MIAMI, FL 33131 TD TITLE LARRAIN, ROBERTO NAME 201 S. BISCAYNE BLVD. #1500 STREET ADDRESS MIAMI, FL 33131 CITY-ST-ZIP NAME 201 S. BISCAYNE BLVD # 1500 MIAMI, FL 33131 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 a 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR