2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000104925

1. Entity Name
SARY'S CORP.

Principal Place of Business	Mailing Address
14865 SW 63 ST.	14865 SW 63 ST.
MIAMI, FL 33193	MIAMI, FL 33193

DO NOT WRITE IN THIS SPACE

02012007   No Chg-P   CR2E034 (11/05)

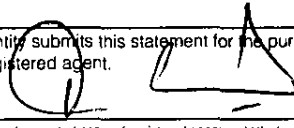| **4.** FEI Number	Applied For
20-3224029	Not Applicable

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

6. Name and Address of Current Registered Agent

MACEDO, CARLOS
9745 MILLER DRIVE
MIAMI, FL 33165

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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 2/1/07

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U000000626677
02/15/07-80030-014 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	ROLDAN, CARLOS J
STREET ADDRESS	14865 SW 63 ST.
CITY-ST-ZIP	MIAMI, FL 33193

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
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CITY-ST-ZIP	

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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: _____   CARLOS ROLDAN, PRES. 2/1/07 (305) 772-1403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #