

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90415 049 \*\*\*150.00

**DOCUMENT # P05000121819**

1. Entity Name  
**SAAROD OF MIAMI CORPORATION**



Principal Place of Business  
**1790 WEST 49TH STREET  
211  
HIALEAH, FL 33012 US**

Mailing Address  
**1790 WEST 49TH STREET  
211  
HIALEAH, FL 33012 US**

2. Principal Place of Business  
**160 NE 28 ST.**  
Suite, Apt. #, etc.

3. Mailing Address  
**160 NE 28 ST.**  
Suite, Apt. #, etc.



03282006 Chg-P CR2E034 (11/05)

City & State  
**MIAMI, FL.**  
Zip  
**33137** Country

City & State  
**MIAMI, FL.**  
Zip  
**33137** Country

4. FEI Number  
**00-3320713** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**RODRIGUEZ, YAJAIRA  
1790 WEST 49TH STREET  
211  
HIALEAH, FL FL**

Name  
**RODRIGUEZ YAJAIRA**  
Street Address (P.O. Box Numbers Not Acceptable)  
**160 NE 28 ST.**  
City  
**MIAMI** FL Zip Code  
**33137**

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]*

**YAJAIRA RODRIGUEZ**

**03/28/2006**

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, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT RODRIGUEZ, YAJAIRA 1790 WEST 49TH STREET, SUITE 211 HIALEAH, FL 33012	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS SAAVEDRA, HORACIO S 1790 WEST 49TH STREET, SUITE 211 HIALEAH, FL 33012	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**YAJAIRA RODRIGUEZ  
PRESIDENT**

**03/28/2006 (786) 356-8752**

Date

Daytime Phone #