

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000104383

Entity Name: SABOR COSTENO CORP

FILED
May 01, 2007
Secretary of State

Current Principal Place of Business:

8451-8455 WEST MCNAB ROAD
TAMARAC, FL 33321

New Principal Place of Business:

Current Mailing Address:

8002 NW 66TH TERRACE
TAMARAC, FL 33321

New Mailing Address:

FEI Number: 20-5365559

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

1 ACCOUNTING SERVICE INC
10015 TWIN LAKE DR
CORAL SPRINGS, FL FL US

Name and Address of New Registered Agent:

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:

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:

Title: P () Delete
Name: MANOTAS, ALFONSO
Address: 8002 NW 66TH TERRACE
City-St-Zip: TAMARAC, FL 33321

Title: VP () Delete
Name: COBA, ABRAHAM
Address: 9040 ROYAL PALM BEACH # 309
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MGR () Delete
Name: MANOTAS, MABIA
Address: 8002 NW 66TH TERRACE
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: MANOTAS, MARIA
Address: 8002 NW 66TH TERRACE
City-St-Zip: TAMARAC, FL 33321

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: COBA ABRAHAM

P

05/01/2007

Electronic Signature of Signing Officer or Director

Date