

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000139493

1. Entity Name
LA SABANA SERVICES, INC.



FILED

07 SEP 17 PM 3: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4929 RIVERSIDE DR
CORAL SPRINGS, FL 33067

Mailing Address
4929 RIVERSIDE DR
CORAL SPRINGS, FL 33067



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08202007

Chg-P

CR2E034 (12/06)

4. FEI Number

+ 20-582-5853

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MIRANDA, FABIOLA C
4929 RIVERSIDE DR
CORAL SPRINGS, FL 33067

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Fabiola C Miranda

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

9/12/07

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME MIRANDA, FABIOLA C
STREET ADDRESS 4929 RIVERSIDE DR
CITY-ST-ZIP CORAL SPRINGS, FL 33067

☐ Delete

TITLE TR
NAME MIRANDA, FABIOLA C
STREET ADDRESS 4929 RIVERSIDE DR
CITY-ST-ZIP CORAL SPRINGS, FL 33067

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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:

Fabiola C Miranda

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/07

Date

Daytime Phone #