## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000005606

Entity Name: SAGE TECH INC.

FILED Apr 28, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2026 ALTON RD 1825 PONCE DE LEON BLVD

MIAMI BEACH, FL 33140 # 179

CORAL GABLES, FL 33134

Current Mailing Address: New Mailing Address:

2026 ALTON RD
MIAMI BEACH, FL 33140

1825 PONCE DE LEON BLVD
# 179

CORAL GABLES, FL 33134

FEI Number: 36-4601520 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NAYOR, FRANK
2026 ALTON RD
NAYOR, FRANK
1825 PONCE DE LEON BLVD

MIAMI BEACH, FL 33140 US #179

CORAL GABLES, FL 33134 US

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: 04/28/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete Title: P/D (X) Change ( ) Addition

 Name:
 NAYOR, FRANK
 Name:
 NAYOR, FRANK

 Address:
 2026 ALTON RD
 Address:
 1825 PONCE DE LEON BLVD # 179

Address: 2026 ALTON RD Address: 1825 PONCE DE LEON BLVD # 179
City-St-Zip: MIAMI BEACH, FL 33140 City-St-Zip: CORAL GABLES, FL 33134

Title: VP/D ( ) Delete Title: VP/D (X) Change ( ) Addition

Name: MUNOZ, GYOVANY Name: MUNOZ, GYOVANY

 Address:
 P.O. BOX 140220
 Address:
 1825 PONCE DE LEON BLVD # 179

 City-St-Zip:
 CORAL GABLES, FL 33140
 City-St-Zip:
 CORAL GABLES, FL 33134

Title: T/S ( ) Delete Title: T/S (X) Change ( ) Addition

Name: MUNOZ, GYOVANY Name: MUNOZ, GYOVANY

 Address:
 P.O. BOX 140220
 Address:
 1825 PONCE DE LEON BLVD # 179

 City-St-Zip:
 CORAL GABLES, FL 33114
 City-St-Zip:
 CORAL GABLES, FL 33134

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: GYOVANY MUNOZ VP 04/28/2008