

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000037671

Entity Name: SACA'S REALTY INC.

FILED
Mar 11, 2009
Secretary of State

Current Principal Place of Business:

9507 SW 160 ST., #245
MIAMI, FL 33157

New Principal Place of Business:

20277 OLD CUTLER RD
CUTLER BAY, FL 33189

Current Mailing Address:

9507 SW 160 ST., #245
MIAMI, FL 33157

New Mailing Address:

20277 OLD CUTLER RD
CUTLER BAY, FL 33189

FEI Number: 14-1993399

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SACA, MOISES
9507 SW 160 ST., #245
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

SACA, MOISES
8660 SW 212 ST, #309
CUTLER BAY, FL 33189 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: MOISES SACA

03/11/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SACA, MOISES
Address: 9507 SW 160 ST., #245
City-St-Zip: MIAMI, FL 33157

Title: DV (X) Delete
Name: SACA, LIDIA
Address: 9507 SW 160 ST., #245
City-St-Zip: MIAMI, FL 33157

Title: DP (X) Delete
Name: SACA, MOISES
Address: 9507 SW 160 ST # 245
City-St-Zip: MIAMI, FL 33157

Title: DP (X) Delete
Name: SACA, MOISES
Address: 9507 SW 160 ST #245
City-St-Zip: MIAMI, FL 33157

Title: DP (X) Delete
Name: SACA, MOISES
Address: 9507 SW 160 ST #245
City-St-Zip: MIAMI, FL 33157

Title: DP (X) Delete
Name: SACA, MOISES
Address: 9507 SW 160ST #245
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SACA, MOISES
Address: 8660 SW 212 ST, #309
City-St-Zip: CUTLER BAY, FL 33189

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

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

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

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

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

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: MOISES SACA

P

03/11/2009

Electronic Signature of Signing Officer or Director

Date