2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000050248

Entity Name: MI SABOR SALES CORP

FILED May 28, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	•			.,	
2423 SW 7 #184	147 AVENUE				
MIAMI, FL	33185				
Current Mailing Address:			New Mailing Address:		
2423 SW ⁻ #184	147 AVENUE				
MIAMI, FL	33185				
FEI Number	: 20-8906769	FEI Number Applied For ()	FEI Number Not Appl	icable () Ce	ertificate of Status Desired ()
Name and	l Address of C	urrent Registered Agent:	Name and	Address of New	Registered Agent:
1876 N. UI SUITE 200	SKY AND ASS(NIVERSITY DR)- E ION, FL 33322	IVE ,			
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing i	s registered office	e or registered agent, or both,
SIGNATUI	RE:				
	Electron	ic Signature of Registered Ag	ent		Date
In accordan	ce with s 607 19	B(2)(b), F.S., the corporation did no	of receive the prior potic		
		Trust Fund Contribution ().	, , , , , , , , , , , , , , , , , , ,	-	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () BARTOLOME, F 2423 SW 147 A MIAMI, FL 3318	VENUE #184	Title: Name: Address: City-St-Zip:	() Cha	ange () Addition
Title: Name: Address: City-St-Zip:	SEC () MOORE, MARIA 2423 SW 147 A MIAMI, FL 3318	VENUE #184	Title: Name: Address: City-St-Zip:	() Cha	ange () Addition
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	VP () Chi MORRIS, CARLOS 2423 SW 147 AVEI MIAMI, FL 33185	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	TR () Cha ACEVEDO, EVELYI 2423 SW 147 AVEN MIAMI, FL 33185	

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: RAMON BARTOLOME P 05/28/2009