## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 09, 2008 8:00 am Secretary of State

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DOCUMENT # P07000106779  1. Entity Name SAGES CORP OF OSCEOLA COUNTY						04-09-2008	-		).00
Principal Place of Business Mailing Address									
1791 GATEWAY LANE KISSIMMEE, FL 34746 US		1791 GATEWAY LANE KISSIMMEE, FL 34746 L							
2. Principal D	tone of Business - No B.O. Boy #								
Principal Place of Business - No P.O. Box #		3. Mailing Address			<b>us</b> iik <b>iso</b> ik <b>ka</b> lik <b>aa</b> lii <b>a</b>		IJEH RABUH KABUM KA	<b>  [                                  </b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04062008	Chg-P	CR2E0	34 (12/06)	
City & State		City & State			4. FEI Numb		9	<u> </u>	oplied For at Applicable
Zip	Country	Zip Cour		try	5. Certificate of Status Desire		s8.75 Additional		
					7 Name and	Address of Nove		Fee Require	0
6. Name and Address of Current Registered Agent				Name	7. Name and	Address of New	registered /	Agent	
MĒJIA, AMANDA						<del></del>		<u> </u>	
1791 GATEWAY LANE				Street Addres	s (P.O. Box Numb	er is Not Acceptab	ole)		
KISSIMME	E, FL 34746								
				City			FL	Zip Cod	
						ah is the Danie of		•	
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.									
79									
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable (NOTI	E; Registere	d Agoni signature requ	ured when reinstating)		DATE		
	·	i							
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550	9. Election Campa Trust Fund Cont		· - •	5.00 May Be added to Fees				
10.	OFFICERS AND	D DIRECTORS	ECTORS 11.		ADDITIONS	CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11
TITLE	P Delete		TITLE		71001110710	0111110201001	110010700	☐ Change	Addition
NAME	RRUTIA, GUSTAVO		NAM					g-	
STREET ADDRESS	1791 GATEWAY LANE			ET ADDRESS					
CITY-ST-ZIP	KISSIMMEE, FL 34746		спу-	-S1-ZIP					
TITLE	ST Dekete		TITLE					☐ Change	☐ Addition
NAME	MEJIA, AMANDA		NAMI						
STREET ADDRESS CITY-ST-ZIP	1791 GATEWAY LANE KISSIMMEE, FL 34746			ET ADDRESS -ST-ZIP					
TITLE	(NOOMMILE, I'E OT) TO	☐ Delete	TITLE					☐ Change	☐ Addition
NAME		LJ Dente	NAMI					☐ Oreartic	☐ YOUTION
STREET ADDRESS			STRE	ET ADDRESS					
CITY-ST-ZIP			CITY	- \$1 - <i>Z</i> )P					
TITLE	☐ Delete		TITLE					☐ Change	Addition
NAME OTRECT APPROPRIATE			NAM	l l					
STREET ADDRESS CITY-ST-ZIP				ET ADORESS -ST-ZIP					
TITLE	1	☐ Delete	TITLE					☐ Change	☐ Addition
NAME		TT Delete	NAM	ì				Orange	
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			CITY	-S1-ZIP					
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS			NAM						
· SUBERIALIDRESS	i .		■ 24HF	ET ADDRESS					

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 attaccuragent with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE JULICIA RIJIA AND ADDA DE DESTRE PRODE DE DE DESTRE PRODE DE DE DESTRE PRODE DE DESTRE PRODE DE DESTRE PRODE DE DE DESTRE PRODE DE DE DESTRE PRODE DE DESTRE PRODE DE DESTRE PRODE DE DE DE DE DESTRE PRODE DE DESTR

CITY-ST-ZIP