

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000020881

Entity Name: SASTRE SYSTEMS, INC.

**FILED**  
**Apr 15, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1000 SW 86TH CT  
MIAMI, FL 33144 US

**New Principal Place of Business:**

901 PONCE DE LEON BLVD.  
SUITE 501  
CORAL GABLES, FL 33134 US

**Current Mailing Address:**

P.O. BOX 145237  
MIAMI, FL 33114 US

**New Mailing Address:**

FEI Number: 65-0474934      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SASTRE, ANA M MS.  
641 SEVILLA AVENUE  
CORAL GABLES, FL 33134 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SASTRE, ANA M  
Address: 641 SEVILLA AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

Title: STD  
Name: SASTRE, MARIA R  
Address: 641 SEVILLA AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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 all other like empowered.

SIGNATURE: ANA M SASTRE

MS

04/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date