2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000040885

1. Entity Name
SAILE ENTERPRISES, INC.

Principal Place of Business	Mailing Address
898 S.W. 57TH AVE. MIAMI, FL 33144	898 S.W. 57TH AVE. MIAMI, FL 33144

01222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0494899
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ELIAS, ELA
11923 S.W. 11TH TERRACE
MIAMI, FL 33184

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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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

~~U00000073394~~
~~03/02/04-80018-007 150.00~~

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ELA, ELIAS
STREET ADDRESS	11923 S.W. 11TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33184
TITLE	SD
NAME	ELIAS, ELA
STREET ADDRESS	11923 S.W. 11TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33184
TITLE	D
NAME	ELIAS, ELLA
STREET ADDRESS	11923 SW 11 TERR
CITY-ST-ZIP	MIAMI, FL 33184
TITLE	D
NAME	ELIAS, ALBERTO
STREET ADDRESS	D15 ORTANGA AVE
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000082921
03/10/04-80018-007 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 attachment with an address, with all other like empowered.

SIGNATURE: Ela Elias 2/26/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #