2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# P94000040885

Entity Name: SAILE ENTERPRISES, INC.

Current Principal Place of Business:

898 S.W. 57TH AVE.
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

898 S.W. 57TH AVE.
MIAMI, FL 33144

New Mailing Address:

FEI Number: 65-0494899 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ELIAS, ELA
Address: 11923 S.W. 11TH TERRACE
City-St-Zip: MIAMI, FL 33184

Title: SD ( ) Delete
Name: ELIAS, ELA
Address: 11923 S.W. 11TH TERRACE
City-St-Zip: MIAMI, FL 33184

Title: D ( ) Delete
Name: ELIAS, ELLA
Address: 11923 SW 11 TERR
City-St-Zip: MIAMI, FL 33184

Title: D ( ) Delete
Name: ELIAS, ALFREDO
Address: 11923 SW 11 TER
City-St-Zip: MIAMI, FL 33184

Title: D ( ) Delete
Name: ELIAS, ALBERTO
Address: 815 ORTEGA AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete
Name: ELIAS, NORMA
Address: 23 SW 20 AVE
City-St-Zip: MIAMI, FL 33125

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: ELA ELIAS PD 01/16/2009

Electronic Signature of Signing Officer or Director Date