

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000093481

FILED
Mar 05, 2007
Secretary of State

Entity Name: SALADRIGAS HERITAGE INVESTMENTS, INC.

Current Principal Place of Business:

806 DOUGLAS ROAD
SUITE 580
CORAL GABLES, FL 33134

New Principal Place of Business:

C/O FOWLER RODRIGUEZ
806 DOUGLAS ROAD, SUITE 580
CORAL GABLES, FL 33134

Current Mailing Address:

806 DOUGLAS ROAD
SUITE 580
CORAL GABLES, FL 33134

New Mailing Address:

C/O FOWLER RODRIGUEZ
806 DOUGLAS ROAD, SUITE 580
CORAL GABLES, FL 33134

FEI Number: 65-0640048

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REGISTERED AGENT CORPORATE SERVICES, INC.
806 DOUGLAS ROAD
SUITE 580
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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SALADRIGAS, CARLOS A
Address: 200 S. BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: SALADRIGAS, OLGA M
Address: 200 S. BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: SANCHEZ, JOSE
Address: 200 S. BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33131

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: CARLOS A. SALADRIGAS

D

03/05/2007

Electronic Signature of Signing Officer or Director

Date