
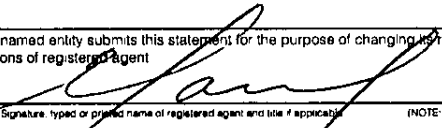
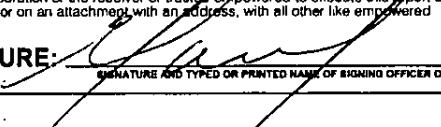


FILED  
Apr 14, 2008 08:00 AM  
Secretary of State

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P97000002907</b>		
1. Entity Name <b>SARIOL-GARCIA ENTERPRISES, INC.</b>		
Principal Place of Business <b>306 ALCAZAR AVE 201 CORAL GABLES, FL 33134</b>		Mailing Address <b>306 ALCAZAR AVENUE 201 CORAL GABLES, FL 33134</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		04092008 No Chg-P CR2E034 (11/05)
4. FEI Number <b>65-0741383</b>		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent		
<b>GARCIA, ENRIQUE 306 ALCAZAR AVENUE 201 CORAL GABLES, FL 33134</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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:  <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		DATE: <b>4/10/08</b>
<b>FILE NOW!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
		<b>U00000894968 04/24/08-80049-009 150.00</b>
10. OFFICERS AND DIRECTORS		
TITLE	D P	
NAME	GARCIA, ENRIQUE JR	
STREET ADDRESS	306 ALCAZAR AVE SUITE 201	
CITY- ST- ZIP	CORAL GABLES, FL 33134	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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 attachment with an address, with all other like empowered		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <b>4/10/08</b> <small>Daytime Phone #</small>