

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000047180**

1. Entity Name  
**KATYA SAENZ IMMIGRATION SERVICES, INC**



Principal Place of Business  
**5440 N STATE ROAD 7, SUITE 6  
FORT LAUDERDALE, FL 33319**

Mailing Address  
**5440 N STATE ROAD 7, SUITE 6  
FORT LAUDERDALE, FL 33319**



04282007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0757573**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SAENZ, KATYA  
5440 N STATE ROAD 7, SUITE 6  
FORT LAUDERDALE, FL 33319**

**DO NOT WRITE  
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE **P**  
NAME **SAENZ, KATYA**  
STREET ADDRESS **5440 N STATE ROAD 7, SUITE 6**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33319**

TITLE  
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**U00000760360  
05/25/07-80007-025 158.75**

**DO NOT WRITE  
IN THIS SPACE**

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: *Katya Saenz* **KATYA SAENZ** **04/27/07** **954-730-9985**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #