


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2004 8:00 am**  
**Secretary of State**

01-16-2004 90010 019 \*\*\*150.00

<b>DOCUMENT # P97000090140</b>		
1. Entity Name <b>SARA SAWGRASS CORP.</b>		

Principal Place of Business <b>6601 NW 14TH STREET SUITE 1 PLANTATION, FL 33313</b>	Mailing Address <b>5009 N. HIATUS ROAD SUNRISE, FL 33351-7904</b>
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2. Principal Place of Business <b>5009 N Hiatus Rd</b>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Sunrise FL</b>		City & State	
Zip <b>33351</b>	Country	Zip	Country



01082004 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0789827</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>COOPERMAN, STEVEN J 6601 NW 14TH STREET SUITE 1 PLANTATION, FL 33313</b>	
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7. Name and Address of New Registered Agent	
Name <b>Cooperman Steven</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>5009 N Hiatus Rd</b>	
City <b>Sunrise</b>	FL Zip Code <b>33351</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 	DATE <b>1/12/04</b>
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>COOPERMAN, STEVEN J</b>		NAME <b>Cooperman Steven J</b>	
STREET ADDRESS <b>6601 NW 14TH STREET SUITE 1</b>		STREET ADDRESS <b>5009 N Hiatus Rd</b>	
CITY-ST-ZIP <b>PLANTATION, FL 33313</b>		CITY-ST-ZIP <b>Sunrise, FL 33351</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: 	DATE <b>1/12/04</b>	DAYTIME PHONE # <b>954 572 7410</b>
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