## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 15, 2008 8:00 am Secretary of State

DOCUMENT # P97000090140  1. Entity Name SARA SAWGRASS CORP.						02-15-2008 90002 032 ***150.00					
Principal Place of Business Mailing Address				<u> </u>		1					
5009 N HIAT		5009 N. HIATUS ROAD									
SUNRISE, FL 33351		SUNRISE, FL 33351-7									
						i litarran ili	i 1861 i kwa marki 8661 8am	acili (CS) Ci	Afar mari Atahi Ad'	timas os i <b>na</b> l	
3 Principal P	lace of Business - No P.O. Box #	3. Mailing Address									
2. FINCIPALF	iace of business - Nu F.O. box #	3. Maining Address				1	[8]		.   <b>  </b>	1151 II IIDI	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				01082008	Chg-P	CBSEC	34 (12/06)		
ļ											
City & State		City & State			4. FEI Numbe			<del></del>	plied For		
Zip Country		Zip Cour		itry	65-078982		9021			t Applicable	
	- Courtiny	1 2,5	000	,		<ol><li>Certificate</li></ol>	of Status Desired		\$8.75 Add Fee Required	d d	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Ag				Agent		
				Name	е						
COOPERMAN, STEVEN J = 5009 N HIATUS RD				Street Address (P.O. Box Number is Not Acceptable)							
SUNRISE, FL 33351											
				City	City FL Zip Code						
8. The above named entity submits this statement for the purpose of changing its registers					renister	ed agent or bo	th in the State of Flo		familiar with	and accent	
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 pr printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees											
10.	OFFICERS AND		11.		1 L	ADDITIONS/	CHANGES TO OFFI	CERS ANI			
TITLE	D COOPERMAN, STEVEN J	☐ Delete	TITL	E	Hulh	gnzea Ke	presental	nve	☐ Change	Addition	
NAME STREET ADDRESS				EET ADDRESS	2011	sonceril a N that	72 D4				
CITY-ST-ZIP				-ST-ZIP	500	incise, To	. 33357				
TITLE		☐ Delete	TITL	Ε -	<u> </u>	71 (J-) ( G	<u></u>		☐ Change	Addition	
NAME			NAM	re l						_ <del></del>	
STREET ADDRESS				EET ADDRESS							
CITY-\$1-ZIP			CITY	-ST-ZIP		<del></del>					
TITLE		☐ Delete	TITL	1					☐ Change	☐ Addition	
NAME STREET ADDRESS			, NAM STRI	EET ADDRESS							
CITY-ST-ZIP				-ST-ZIP							
TITLE		☐ Delete	TITL	E					Change	☐ Addition	
NAME		<b>123 5 5 5 1 1 1 1 1 1 1 1 1 1</b>	NAM							_	
STREET ADDRESS				EET ADORESS							
CITY-ST-2IP			CITY	r-ST-ZIP							
TITLE		☐ Delete	TITL						Change	Addition	
NAME STREET ADDRESS			NAM STRI	eet address							
CITY-ST-ZIP			1	-ST-ZIP							
TITLE		Delete	TITL	<del>-</del>					Change	☐ Addition	
NAME		- Delete	NAM						C. Change	, , , , , , , , , , , , , , , , , ,	
STREET ADDRESS			STR	EET ADDRESS							
CITY-ST-ZIP GIT			GITY	(-ST-ZIP							
12. I hereby	certify that the information supplied wit	h this filing does not qualify for	or the ex	emptions co	ontained	in Chapter 119	, Florida Statutes. I	further ce	rtify that the i	nformation	

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 receive of trustee enhanced 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 that are another the empowered.

SIGNATURE:

WAN WOYUMAN
UPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/08

9545727410

Daytime Phone #