

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # P97000096458

1. Entity Name
SAWGRASS TRADING SERVICES, INC.



Principal Place of Business

915 NW 133 AVE
SUNRISE, FL-33325

Mailing Address

915 NW 133 AVE
SUNRISE, FL-33325



04062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0799050 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SUAREZ, OLGA M
915 NW 133 AVE
SUNRISE, FL 33325

**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: _____ (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 D
NAME SUAREZ, OLGA M
STREET ADDRESS 915 NW 133 AVE
CITY-ST-ZIP SUNRISE, FL 33325

TITLE PVST
NAME SUAREZ, OLGA M
STREET ADDRESS 915 NW 133 AVE
CITY-ST-ZIP SUNRISE, FL 33325

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05/02/07-80081-003 158.75

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: Olga M. Suarez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #