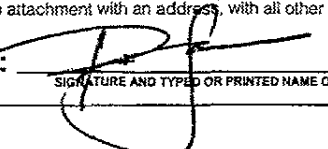


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000027197 1. Entity Name SARRIA ENTERPRISES INC.			
Principal Place of Business 4725 SW 8 ST MIAMI, FL 33134 US		Mailing Address 4725 SW 8 ST MIAMI, FL 33134 US	
DO NOT WRITE IN THIS SPACE			
		01052007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0858716	
		Applied For ☐ Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SARRIA, FRANCISCO 4225 SW 8TH MIAMI, FL 33134		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 _____ Signature, typed or printed name of registered agent and title if applicable			
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		DO NOT WRITE IN THIS SPACE 1100000586317 01/16/07-80049-006 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SARRIA, FRANCISCO 4725 SW 8 ST MIAMI, FL 33134		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SARRIA, RICARDO 4725 SW 8TH MIAMI, FL 33134		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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:  FRANCISCO SARRIA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1/16/07 305)441-9412 Date Daytime Phone #	