FILED Apr 17, 2006 8:00 am Secretary of State

04-17-2006 90383 020 ***150.00

Applied For

Not Applicable

2006 FOR PROFIT CORPORATION ANNUAL REPORT

OFFICERS AND DIRECTORS

ZAMBRANO, MARTHA

4988 SW 168 AVENUE

MIRAMAR, FL 33027

NAME

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE

STREET ADDRESS CITY-ST-ZIP

DOCUMENT # P98000035636 S.A.T. MANAGEMENT, INC. 40051507 Principal Place of Business Mailing Address 7226 NW 56TH ST 7226 NW 56TH ST MIAMI, FL 33166 MIAMI, FL 33166 CR2E034 (11/05) No Chg-P 04112006 DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0829330 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ZAMBRANO, MARTHA DO NOT WRITE 4988 SW 168 AVENUE MIRAMAR, FL 33027 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. DATE Signature, typed or printed name of registered agent and title il applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees

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 of the corporation of the receiver of trustee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR