
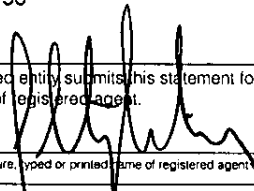
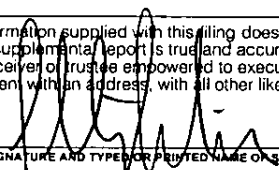


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90275 001 \*\*\*600.00

<b>DOCUMENT # P98000041385</b> 1. Entity Name <b>SATUPLE, INC.</b>			
Principal Place of Business <b>9055 SW 73RD COURT 1909 MIAMI, FL 33156</b>		Mailing Address <b>9055 SW 73RD COURT 1909 MIAMI, FL 33156</b>	
2. Principal Place of Business - No P.O. Box # <b>12232 S.W 132 Ct.</b>		3. Mailing Address <b>7830 N.W 161<sup>st</sup> Ter.</b>	
Suite, Apt. #, etc. <b>Unit - 11</b>		Suite, Apt. #, etc. 	
City & State <b>Miami, FL</b>		City & State <b>Miami Lakes, FL</b>	
Zip <b>33186</b>		Zip <b>33016</b>	
Country <b>Pade</b>		Country <b>Pade</b>	
4. FEI Number <b>65-0838619</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MARTINEZ, JORGE 9055 SW 73RD COURT 1909 MIAMI, FL 33156</b>		7. Name and Address of New Registered Agent Name <b>Martinez, Jorge</b> Street Address (P.O. Box Number is Not Acceptable) <b>12232 S.W 132 Ct. Unit - 11</b> City <b>Miami,</b> FL Zip Code <b>33186</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  <b>Jorge Montaner</b> DATE <b>4/1/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD MARTINEZ, JORGE 9055 SW 73RD COURT MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD Martinez, Jorge 12232 S.W 132 Ct. Unit #11 Miami, FL 33186 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARTINEZ, MARCELA 9055 SW 73RD COURT MIAMI, FL 33156 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <b>Jorge Montaner</b> (305) 263-2296 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			