

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2004 8:00 am
Secretary of State

01-16-2004 90010 021 ***150.00

DOCUMENT # P98000046792					
1. Entity Name SAREO CORPORATION					
Principal Place of Business 6601 N.W. 14TH STREET #1 PLANTATION, FL 33313			Mailing Address 5009 N. HIATUS ROAD SUNRISE, FL 33351-7904		
2. Principal Place of Business 5009 N HIATUS RD			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Sunrise FL			City & State		
Zip 33351		Country		4. FEI Number 65-0838971	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COOPERMAN, STEVEN J 6601 N.W. 14TH STREET #1 PLANTATION, FL 33313			7. Name and Address of New Registered Agent Name: Cooperman Steven J Street Address (P.O. Box Number is Not Acceptable): 5009 N Hiatus Rd City: Sunrise FL Zip: 33351		
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: 1/12/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 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	D COOPERMAN, STEVEN J 6601 N.W. 14TH STREET #1 PLANTATION, FL 33313 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Cooperman Steven J 5009 N Hiatus Rd Sunrise, FL 33351 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:			Date: 1/12/04 Daytime Phone #: 954-572-7410		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					