2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2009
Secretary of State

DOCUMENT# P98000062313

Entity Name: SARA SALIBA, INC.

Current Principal Place of Business:

209 FORESTSIDE CIR
AMERICUS, GA 31709

New Principal Place of Business:

Current Mailing Address:

209 FORESTSIDE CIR
AMERICUS, GA 31709

New Mailing Address:

FEI Number: 59-3524911 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALRON ENTERPRISES, INC.
3990 MINTON ROAD
W. MELBOURNE, FL 32904 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: SALIBA, SARA C
Address: 209 FORESTSIDE CIR
City-St-Zip: AMERICUS, GA 31709

Title: VP ( ) Delete
Name: SALIBA, MIKE
Address: 117 SALIBA RD
City-St-Zip: COBB, GA 31735

Title: 2VP ( ) Delete
Name: SALIBA, GARY
Address: 1026 NEILL DR
City-St-Zip: COLUMBUS, GA 31904

Title: S ( ) Delete
Name: FRANTZ, HARRIET
Address: 300 BASIL LANE
City-St-Zip: BOAZ, AL 35957

Title: T ( ) Delete
Name: FERGUSON, MIKKI
Address: 309 FORESTSIDE CIRCLE
City-St-Zip: AMERICUS, GA 31709

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARA C. SALIBA DP 03/05/2009

Electronic Signature of Signing Officer or Director Date