2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000018636

City-St-Zip:

HIALEAH, FL 33012

Entity Name: SANAL MANAGEMENT CO.

FILED Apr 23, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4225 WEST 16TH AVENUE HIALEAH, FL 33012 **Current Mailing Address: New Mailing Address:** 4225 WEST 16TH AVENUE HIALEAH, FL 33012 FEI Number: 65-0900055 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ALVAREZ, SANTIAGO 4225 WEST 16TH AVENUE HIALEAH, FL 33012 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition ALVAREZ, SANTIAGO Name: Name: 4225 WEST 16TH AVENUE Address: Address: City-St-Zip: HIALEAH, FL 33012 City-St-Zip: Title: VD Title: () Delete (X) Change () Addition Name: GARCIA. RAYMOND Name: ALVAREZ, SANTIAGO 4225 WEST 16TH AVENUE 4225 WEST 16TH AVENUE Address: Address: HIALEAH, FL 33012 HIALEAH, FL 33012 City-St-Zip: City-St-Zip: () Delete Title: VD Title: () Change () Addition ALVAREZ, SANTIAGO J Name: Name: 4225 WEST 16TH AVENUE Address: Address: City-St-Zip: HIALEAH, FL 33012 City-St-Zip: Title: () Delete Title: () Change () Addition GARCIA, VIVÎAN Name: Name: Address: 4225 WEST 16TH AVENUE Address:

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.

City-St-Zip:

SIGNATURE: SANTIAGO ALVAREZ PD 04/23/2008