


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000023458
1. Entity Name
SAKI INVESTMENT COMPANY



Principal Place of Business Mailing Address
13907 CARROLLWOOD VILLAGE RUN 13014 N. DALE MABRY HWY., STE. 356
TAMPA, FL 33618 TAMPA, FL 33618

DO NOT WRITE IN THIS SPACE



03272007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-3567317 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHWENCKE, KIM M
13014 N. DALE MABRY HWY.
STE 356
TAMPA, FL 33618

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

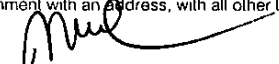
10. OFFICERS AND DIRECTORS

TITLE	OD
NAME	SCHWENCKE, KIM M
STREET ADDRESS	13014 N. DALE MABRY HWY., STE. 356
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	OD
NAME	RAPPAPORT, A.G.
STREET ADDRESS	13014 N. DALE MABRY HWY., STE. 356
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

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IN THIS SPACE**

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04/06/07-80008-012 150.00

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:  **Kim M. SCHWENCKE** 3/28/07 813-269-0899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #