

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000023458

1. Entity Name
SAKI INVESTMENT COMPANY



Principal Place of Business
13907 CARROLLWOOD VILLAGE RUN
TAMPA, FL 33618

Mailing Address
13014 N. DALE MABRY HWY., STE. 356
TAMPA, FL 33618



03282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3567317	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 resigning) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

1000000877763
04/14/08-80027-021 150.00

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	
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CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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. Schwenske

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/08

813-269-0899

Date

Daytime Phone #