

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000030364

1. Entity Name
SABRE CENTRE II, INC.



Principal Place of Business
2240 WOOLBRIGHT ROAD #300
BOYNTON BEACH, FL 33426

Mailing Address
2240 WOOLBRIGHT ROAD #300
BOYNTON BEACH, FL 33426



01092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0912616	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

APPIGNANI, LOUIS J
2240 WOOLBRIGHT ROAD #300
BOYNTON BEACH, FL 33426

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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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DCTP
APPIGNANI, LOUIS J
2240 WOOLBRIGHT ROAD #300
BOYNTON BEACH, FL 33426

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01/15/04-80014-021 150.00

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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: Louis Appignani
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/04 561-364-5500
Date Daytime Phone #