


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90076 020 ***150.00

DOCUMENT # P99000068588	
1. Entity Name SAGO ASSOCIATES, CORP.	

Principal Place of Business 9320 FOUNTAINBLEAU BLVD #515 MIAMI, FL 33172	Mailing Address 9320 FOUNTAINBLEAU BLVD #515 MIAMI, FL 33172
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2. Principal Place of Business 24951 SW 129 Ct.	3. Mailing Address 24951 SW 129 Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State HOMESTEAD FL.	City & State HOMESTEAD FL.
Zip 33032	Zip 33032
Country USA	Country USA

8. Name and Address of Current Registered Agent SABOGAL, JUAN M 9320 FOUNTAINBLEAU BLVD #515 MIAMI, FL 33174	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SABOGAL, JUAN 9320 FOUNTAINBLEAU BLVD #515 MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ 03/10/04 786-554-7139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #