

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000072930 1. Entity Name SAPS-2, INC.	
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Principal Place of Business 19195 MYSTIC PT. DRIVE UNIT 2003 AVENTURA, FL 33180	Mailing Address 19195 MYSTIC PT. DRIVE UNIT 2003 AVENTURA, FL 33180
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03212007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2545722	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BROWARD TAXICAB 1627 S. 21ST AVE. HOLLYWOOD, FL 33020
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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 _____ Signature, typed or printed name of registered agent and title if applicable. (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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SABO, SOPHIA 19195 MYSTIC PT. DRIVE UNIT 2003 AVENTURA, FL 33180
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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: <u>Sophia Sabo SOPHIE SABO</u> <u>3/31/07</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #