## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000103570

Entity Name: CUELLAR & SACHSE INC.

LONGWOOD, FL 32750 US

City-St-Zip:

FILED Apr 21, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 208 WHITTIER CIRCLE ORLANDO, FL 32806 US **Current Mailing Address: New Mailing Address:** 7512 DR. PHILLIPS BLVD. SUITE 50 PMB 316 ORLANDO, FL 32819 US FEI Number: 59-3611244 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CUELLAR, CHERYL W PRES 149 SHADOW TRAIL LONGWOOD, FL 32750 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition SACHSE, KIM A VPRES Name: Name: 208 WHITTIER CIRCLE Address: Address: City-St-Zip: ORLANDO, FL 32806 US City-St-Zip: Title: **PRES** () Delete Title: () Change () Addition Name: CUELLAR, CHERYL W PRES Name: 149 SHADOW TRAIL Address: Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERYL CUELLAR PRES 04/21/2008