


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # S62782		
1. Entity Name SAYLO, INC.		
Principal Place of Business 8220 STATE RD 84 200 DAVIE, FL 33317 US	Mailing Address 8220 STATE RD 84 200 PLANTATION, FL 33317 US	
DO NOT WRITE IN THIS SPACE		



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0349939	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 GARCIA, ANASTASIA 2100 PONCE DE LEON BLVD., #600 CORAL GABLES, FL 33134	DO NOT WRITE IN THIS SPACE
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees	UD00000037025 02/06/04-80082-001 150.00
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10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VILLA, LUIS CENTRO COMM LIBERT. AVE CARACAS, VENEZUELA,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VILLA, MARIA ELENA CENTRO COMM LIBERT. AVE CARACAS, VENEZUELA,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NUCCIO, JUAN JOSE CENTRO COMM LIBERT. AVE CARACAS, VENEZUELA,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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:  **01/23/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #