


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90031 045 ***150.00

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
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40004398



2. Principal Place of Business Suite, Apt. #, etc. 7320 GRIFFIN ROAD SUITE 203 DAVIE, FL 33314	3. Mailing Address Suite, Apt. #, etc. 7320 GRIFFIN ROAD SUITE 203 DAVIE, FL 33314
City & State DAVIE, FL 33314	City & State DAVIE, FL 33314
Zip 33314	Country US

01102005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0349939	Applied For <input type="checkbox"/> 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	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, 2005 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	PD VILLA, LUIS CENTRO COMM LIBERT. AVE CARACAS, VENEZUELA, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VILLA, MARIA ELENA CENTRO COMM LIBERT. AVE CARACAS, VENEZUELA, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NUCCIO, JUAN JOSE CENTRO COMM LIBERT. AVE CARACAS, VENEZUELA, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: X Luis Villa LUIS VILLA 01/17/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 40004398
Daniel A. Barr, E.A. # 562782

Agent Enrolled To Practice Before The Internal Revenue Service

7320 Griffin Road, Suite 203
Davie, Florida 33314

Telephone: (954) 236-0170
Fax: (954) 236-5717
Email: DBarr96@aol.com

TAXPAYER

SAYLO Inc

2005 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT

OPTION ONE:

Sign by an officer, indicate title, date, and mail on or before 4/30/05 as follows:

☐ Attached self-addressed envelope
☒ Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, FL 32302-1500

Make a check payable to **FLORIDA DEPARTMENT OF STATE** in the amount of **\$150.00**.

OR

OPTION TWO:

Electronically file your Annual Report online at www.sunbiz.org.

- Click "Electronic Filing" on the left side of the web page under Popular Links.
- Click "Annual Report Filing"
- Enter your Document Number (See attached form)
- Click "Submit"
- Make all changes that were made on the attached hard copy
- Click "Continue"
- Review your changes
- Click "Continue"
- Click "Credit Card Payment" to process the \$150.00 Annual Fee