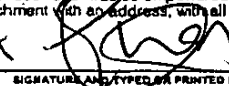


FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90197 043 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # S62782 1. Entity Name SAYLO, INC.			
Principal Place of Business 7320 GRIFFIN ROAD STE 203 DAVIE, FL 33314 US		Mailing Address 7320 GRIFFIN ROAD STE 203 DAVIE, FL 33314 US	
2. Principal Place of Business 7830 NW 114 WAY		3. Mailing Address 74201 W Sunrise Blvd	
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite, Apt. #, etc.	
City & State MIDDLE FL		City & State SUNRISE FL	
Zip 33178		Zip 33323	
Country USA		Country USA	
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	
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: _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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.	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD VILLA, MARIA ELENA CENTRO COMM LIBERT. AVE CARACAS, VENEZUELA.	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S NUCCIO, JUAN JOSE CENTRO COMM LIBERT. AVE CARACAS, VENEZUELA.	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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: X 		X 1/9/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

40001808



01042006 Chg-P CR2E034 (11/05)

 4. FEI Number
 65-0349939

 Applied For
 Not Applicable

 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required