FILED
Jan 14, 2008 08:00 AM
Secretary of State

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S62782

1. Entity Name
SAYLO, INC.

Principal Place of Business	Mailing Address
9830 NW 114 WAY STE 203 MEDLEY, FL 33178 US	14201 W SUNRISE BLVD STE 201 SUNRISE, FL 33323 US

01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0349939
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	VILLA, LUIS
STREET ADDRESS	CENTRO COMM LIBERT. AVE
CITY-ST-ZIP	CARACAS, VENEZUELA,
TITLE	VD
NAME	VILLA, MARIA ELENA
STREET ADDRESS	CENTRO COMM LIBERT. AVE
CITY-ST-ZIP	CARACAS, VENEZUELA,
TITLE	S
NAME	NUCCIO, JUAN JOSE
STREET ADDRESS	CENTRO COMM LIBERT. AVE
CITY-ST-ZIP	CARACAS, VENEZUELA,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/16/08-80002-007 150.00

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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: X _____ X 1/5/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #