

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 294528

**Entity Name:** SARAL PUBLICATIONS, INC.

**Current Principal Place of Business:**

6355 N.W. 36TH STREET  
THIRD FLOOR  
VIRGINIA GARDENS, FL 33166

**Current Mailing Address:**

6355 N.W. 36TH STREET  
THIRD FLOOR  
VIRGINIA GARDENS, FL 33166

**FEI Number:** 59-1103522

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SPENCER, THOMAS R  
2655 LE JEUNE ROAD  
SUITE 532  
CORAL GABLES, FL 33134 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

**Officer/Director Detail :**

Title PD  
Name GARCIA GONZALEZ, JOSE ANTONIO  
Address 6355 NW 36TH STREET  
City-State-Zip: VIRGINIA GARDENS FL 33166

Title SD  
Name BALCARCEL SANTA CRUZ, JOAQUIN  
Address 6355 NW 36TH STREET  
City-State-Zip: VIRGINIA GARDENS FL 33166

Title T  
Name LARA DEL OLMO, JOSE ANTONIO  
Address 6355 NW 36TH ST  
City-State-Zip: VIRGINIA GARDENS FL 33166

Title VPD  
Name LUTTEROTH ECHEGOYEN, JORGE AUGUSTIN  
Address 6355 NW 36TH ST  
City-State-Zip: VIRGINIA GARDENS FL 33166

Title LEGAL REPRESENTATIVE  
Name SPENCER, THOMAS R  
Address 2655 LE JEUNE ROAD  
SUITE 532  
City-State-Zip: CORAL GABLES FL 33134

*I hereby 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 all other like empowered.*

**SIGNATURE:** THOMAS R SPENCER

**LEGAL REPRESENTATIVE** 02/13/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date