

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000091082

FILED
Apr 30, 2008
Secretary of State

Entity Name: SABOR TROPICAL RESTAURANT, INC.

Current Principal Place of Business:

16640 CAGAN CROSSINGS BLVD
STE 301
CLERMONT, FL 34714

New Principal Place of Business:

Current Mailing Address:

16640 CAGAN CROSSINGS BLVD
STE 301
CLERMONT, FL 34714

New Mailing Address:

FEI Number: 20-5237720 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GIL, NILVIA
16640 CAGAN CROSSINGS BLVD
STE 301
CLERMONT, FL 34714 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: GIL, NILVIA
Address: 16640 CAGAN CROSSINGS BLVD, STE 301
City-St-Zip: CLERMONT, FL 34714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NILVIA GIL

_____ Electronic Signature of Signing Officer or Director

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04/30/2008

_____ Date