


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J55995</b> 1. Entity Name <b>SCORPIO SALES INC.</b>	
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Principal Place of Business <b>PO BOX 9239 7373 DAVIE RD EXTENSION HOLLYWOOD, FL 33024</b>	Mailing Address <b>PO BOX 9239 7373 DAVIE RD EXTENSION HOLLYWOOD, FL 33024</b>
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**DO NOT WRITE IN THIS SPACE**



04022007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0051005</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SARAFAN, RICHARD J.  
C/O GENOVESE JABLOVE & BATTISTA  
100 SE 2ND ST. FL 36  
MIAMI, FL 33131-2158**

**DO NOT WRITE  
IN THIS SPACE**

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 fee if applicable. (NOTE: Registered Agent signature required when reissuing)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS <b>GOLDBERG, ROBERT</b> 3208 SW 175TH AVENUE MIRAMAR, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>RYAN, MICHAEL F.</b> 6831 SW 9TH STREET PEMBROKE PINES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/18/07-80039-018 150.00

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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 information.

SIGNATURE *Michael F. Ryan* DATE 4/30/07 954-149-2351  
Signature, typed or printed name of officer or director Daytime Phone