


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # K69797

1. Entity Name
SAGLO DEVELOPMENT CORPORATION



Principal Place of Business Mailing Address

5446 N BAY ROAD **P.O. BOX 402097**
SUITE 840 **MIAMI BEACH FL 33140-0097**
MIAMI BEACH FL 33140 **US**
US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E034 (10/04)

4. FEI Number Applied For

65-0110333 Not Applicable

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

6. Name and Address of Current Registered Agent

GLOTTMANN, SAUL
5446 NORTH BAY ROAD
MIAMI BEACH FL 33140

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 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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CT** Delete

NAME **GLOTTMANN, SAUL**

STREET ADDRESS **5446 NORTH BAY ROAD**

CITY - ST - ZIP **MIAMI BEACH FL 33140**

Change Addition

U00000333151
04/26/05-80087-013 150.00

TITLE **P** Delete

NAME **GLOTTMAN, JACK**

STREET ADDRESS **5446 NORTH BAY ROAD**

CITY - ST - ZIP **MIAMI FL 33145**

Change Addition

TITLE **VPS** Delete

NAME **GLOTTMAN, DALIA**

STREET ADDRESS **5446 NORTH BAY ROAD**

CITY - ST - ZIP **MIAMI BEACH FL 33140**

Change Addition

TITLE Delete

NAME

STREET ADDRESS

CITY - ST - ZIP

Change Addition

TITLE Delete

NAME

STREET ADDRESS

CITY - ST - ZIP

Change Addition

TITLE Delete

NAME

STREET ADDRESS

CITY - ST - ZIP

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **JACK GLOTTMANN** **4/22/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #