2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2007 8:00 am
Secretary of State
07-10-2007 90007 004 ***150.00

DOCUMENT # M26216

1. Entity Name
SANGIRORI, INC.

401240J1

07022007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
1681 NW 97TH AVE DORAL, FL 33172 US	1681 NW 97TH AVE DORAL, FL 33172 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1845 NW 112TH AVENUE	1845 NW 112TH AVENUE
Suite, Apt. #, etc. UNIT 199	Suite, Apt. #, etc UNIT 199
City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip 33172 Country USA	Zip 33172 Country USA

4. FEI Number
59-2693000
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DELEO, SANTE 1681 NW 97TH AVE DORAL, FL 33172	Name DELEO, SANTE. Street Address (P.O. Box Number is Not Acceptable) 1845 NW 112 AVE UNIT 199 City MIAMI FL Zip Code 33172

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: [signature] 7/2/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	DE LEO, RICARDO		NAME		
STREET ADDRESS	1681 NW 97TH AVE		STREET ADDRESS	1845 NW 112TH AVE., UNIT 199	
CITY-ST-ZIP	DORAL, FL 33172		CITY-ST-ZIP	MIAMI, FL. 33172	
TITLE	CD	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	DE LEO, SANTE		NAME		
STREET ADDRESS	1681 NW 97TH AVE		STREET ADDRESS	1845 NW 112TH AVE., UNIT 199	
CITY-ST-ZIP	DORAL, FL 33172		CITY-ST-ZIP	MIAMI, FL. 33172	
TITLE	D	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	DE LEO, GINA		NAME		
STREET ADDRESS	1681 NW 97TH AVE		STREET ADDRESS	1845 NW 112TH AVE. UNIT 199	
CITY-ST-ZIP	DORAL, FL 33172		CITY-ST-ZIP	MIAMI, FL. 33172	
TITLE	D	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	DE LEO, ROBERTO		NAME		
STREET ADDRESS	1681 NW 97TH AVE		STREET ADDRESS	1845 NW 112 AVE., UNIT 199	
CITY-ST-ZIP	DORAL, FL 33172		CITY-ST-ZIP	MIAMI, FL. 33172	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] 7/2/07 305 594 9850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #