2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # M26216

1. Entity Name
SANGIRORI, INC.

Principal Place of Business	Mailing Address
1845 NW 112TH AVE UNIT 199 DORAL, FL 33172 US	1845 NW 112TH AVE UNIT 199 DORAL, FL 33172 US

DO NOT WRITE IN THIS SPACE

03192008 No Chg-P CR2E034 (11/05)

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

DE LEO, SANTE
1845 NW 112TH AVE UNIT 199
DORAL, FL 33172

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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 SANTE DE LEO 3/19/08
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DE LEO, RICARDO
STREET ADDRESS	1845 NW 112TH AVE UNIT 199
CITY-ST-ZIP	DORAL, FL 33172
TITLE	CD
NAME	DE LEO, SANTE
STREET ADDRESS	1845 NW 112TH AVE UNIT 199
CITY-ST-ZIP	DORAL, FL 33172
TITLE	D
NAME	DE LEO, GINA
STREET ADDRESS	1845 NW 112TH AVE UNIT 199
CITY-ST-ZIP	DORAL, FL 33172
TITLE	D
NAME	DE LEO, ROBERTO
STREET ADDRESS	1845 NW 112TH AVE UNIT 199
CITY-ST-ZIP	DORAL, FL 33172
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/08/08-80009-017 150.00

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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 empowered.

SIGNATURE: R DeLeo Ricardo DeLeo 3/19/08 3/594 0850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #