

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90005 027 ***150.00

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1. Entity Name
SAGOLA CORP.



Principal Place of Business

**12215 SW 132 CT
MIAMI, FL 33186**

Mailing Address

**12215 SW 132 CT
MIAMI, FL 33186**

34014374



02272004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1030788

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**VILAR, PATRICK ESQ
999 PONCE DE LEON BLVD
PH 1120
CORAL GABLES, FL 33134**

**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 _____

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
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **SANCHEZ, ALEJANDRO**
STREET ADDRESS **12215 SW 132 CT**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE **VP**
NAME **ANDONEGUI, JOSE R**
STREET ADDRESS **12215 SW 132 CT**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE **S**
NAME **CAGIGAL, CECILIO**
STREET ADDRESS **12215 SW 132 CT**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LUIS I. ALVAREZ

Date

2/27/04

Daytime Phone #

305-251-3788