

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G46299

Entity Name: SAZINGG COMPANY

FILED
Jan 17, 2008
Secretary of State

Current Principal Place of Business:

2212 SW 22 AVE
MIAMI, FL 33145

New Principal Place of Business:

Current Mailing Address:

2212 SW 22 AVE
MIAMI, FL 33145

New Mailing Address:

FEI Number: 59-2311982 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZINGG, IRENE
60 EDGEWATER DR., UNIT 3H
CORAL GABLES, FL 33133 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: ZINGG, IRENE
Address: 4400 GATE LANE
City-St-Zip: MIAMI, FL 33137

Title: V () Delete
Name: ULIVI, IRENE
Address: 4400 GATE LANE
City-St-Zip: MIAMI, FL 33137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: ZINGG, IRENE
Address: 60 EDGEWATER DR., UNIT 3H
City-St-Zip: CORAL GABLES, FL 33133

Title: V (X) Change () Addition
Name: ULIVI, IRENE
Address: 60 EDGEWATER DR., UNIT 3H
City-St-Zip: CORAL GABLES, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRENE ZINGG

PSD

01/17/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date