

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT.**

FILED

**Apr 26, 2006 08:00 AM
Secretary of State**

DOCUMENT # 321759

1. Entity Name
SAHCO INCORPORATED



Principal Place of Business
**1670 N.W. 94TH AVE.
MIAMI, FL 33172-2836 US**

Mailing Address
**1670 N.W. 94TH AVE.
MIAMI, FL 33172-2836 US**



04252006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1202154

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

**DEL DAGO, CARMEN
1670 N.W. 94TH AVE.
MIAMI, FL 33172**

**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, 2006 Fee will be \$550.00**

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

1100001537611
15/09/06-80025-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	DEL DAGO, CARMEN
STREET ADDRESS	1670 N.W. 94TH AVE.
CITY-ST-ZIP	MIAMI, FL 331722836
TITLE	VD
NAME	DEL DAGO, ROSA
STREET ADDRESS	1670 N.W. 94TH AVE.
CITY-ST-ZIP	MIAMI, FL 331722836
TITLE	PD
NAME	DEL DAGO, MANUEL
STREET ADDRESS	1670 N.W. 94TH AVE.
CITY-ST-ZIP	MIAMI, FL 331722836
TITLE	D
NAME	DEL DAGO, ROSA F
STREET ADDRESS	1670 N.W. 94TH AVE.
CITY-ST-ZIP	MIAMI, FL 331722836
TITLE	
NAME	
STREET ADDRESS	
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 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 fees empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/06 (305)
599-1988
Date Daytime Phone #