

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90034 023 ***150.00

DOCUMENT # 505894

1. Entity Name

SANGAS ENTERPRISES, INC.



Principal Place of Business

740 S FEDERAL HWY
STUART FL 34994
US

Mailing Address

1600 NE DIXIE HWY
BLDG 11-103
JENSEN BEACH FL 34957-6356



2. Principal Place of Business - No P.O. Box #

1600 NE DIXIE HWY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BLDG 11-103

Suite, Apt. #, etc.

City & State

JENSEN BEACH FL

City & State

JENSEN BEACH FL

Zip

34957

Country

U.S.A.

Zip

34957

Country

U.S.A.

4. FEI Number 65-0389105

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

SANGAS, GEORGE
1600 NE DIXIE HWY, BLDG 11-103
JENSEN BEACH FL 34957-6356

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 transferring)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME SANGAS, CAROL
STREET ADDRESS 1600 NE DIXIE HWY, BLDG 11-103
CITY ST / ZIP JENSEN BEACH FL 34957-6356

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST / ZIP

TITLE ☐ Delete
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CITY ST / ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST / ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST / ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST / ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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CITY ST / ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *George Sangas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/17/07 772-334-6328