

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000027

FILED  
Mar 04, 2006  
Secretary of State

Entity Name: SANIGEST INTERNACIONAL INC.

## Current Principal Place of Business:

445 SW 25TH ROAD  
MIAMI, FL 33129

## New Principal Place of Business:

## Current Mailing Address:

INTERLINK 678  
P.O. BOX 025635  
MIAMI, FL 33102

## New Mailing Address:

FEI Number: 47-0948325      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FLORIDA FILING & SEARCH SERVICES INC.  
1333 N. DUVAL STREET  
TALLAHASSEE, FL 32303      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: PCD ( ) Delete  
Name: CERCONE, JAMES  
Address: 445 SW 25TH ROAD  
City-St-Zip: MIAMI, FL 33129

Title: VDD ( ) Delete  
Name: GUTIERREZ, ROBERTO  
Address: MANAGUA  
City-St-Zip: NICARAGUA,

Title: SD ( ) Delete  
Name: SAENZ, LUIS  
Address: SAN JOSE  
City-St-Zip: COSTA RICA,

Title: TD ( ) Delete  
Name: FUENZALIDA, HERNAN  
Address: 4230 ACKERMAN BLVD.  
City-St-Zip: KETTERING, OH 45429

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES CERCONE

PCD

03/04/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date