2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007
Secretary of State

DOCUMENT# F05000000027

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.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 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 02/20/2007

Electronic Signature of Signing Officer or Director — Date