

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-12-2008 90035 018 ***150.00

DOCUMENT # F07000006084 1. Entity Name PANANGELO INVESTMENTS CORPORATION					
Principal Place of Business 1460 MARIPOSA CIRCLE #104 NAPLES FL 34105			Mailing Address 1460 MARIPOSA CIRCLE #104 NAPLES FL 34105		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		Country	
4. FEI Number 83-0509896				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/07)	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CP ACCARDI, ALISA M 1460 MARIPOSA CIRCLE #104 NAPLES FL 34105	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VCVF RIOS, GABRIELA G AVENIDA SAMUEL LEWIS Y AVENIDA TRES 6 SUR EDIFICIO COMOSA	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST FALCON DE DIAZ, RUTH E AVENIDA SAMUEL LEWIS Y AVENIDA TRES 6 SUR EDIFICIO COMOSA	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete				
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 authority like employment.					
SIGNATURE: 2/29/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					