


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2007 8:00 am
Secretary of State

08-24-2007 90025 027 ***150.00

DOCUMENT # 00888 1. Entity Name SAGRANS ASSET SUBSIDIARY, INC.					
Principal Place of Business 3850 N. CAUSEWAY BLVD. #800 METAIRIE, LA 70002			Mailing Address 3850 N. CAUSEWAY BLVD. #800 METAIRIE, LA 70002		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2098503	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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... 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PALMISANO, BART SR. <input checked="" type="checkbox"/> Delete 3850 N. CAUSEWAY BLVD., #800 METAIRIE, LA 70002		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Rousses, Chris W. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3850 N. Causeway Blvd #800 Metairie LA 70002	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CENTOLA, LARRY <input type="checkbox"/> Delete 3850 N. CAUSEWAY BLVD., #800 METAIRIE, LA 70002		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GREEN, CATHY <input type="checkbox"/> Delete 3850 N. CAUSEWAY BLVD., #800 METAIRIE, LA 70002		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 like empowered.					
SIGNATURE: <u>Cathy M Green</u> CATHY M GREEN (FO 7-5-07) <u>504 837 7940</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					