

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90011 042 ***150.00

DOCUMENT # F98586

1. Entity Name
SISANAL, INC.



Principal Place of Business

1921 SW 107TH AVE
510
MIAMI, FL 33165

Mailing Address

1921 SW 107TH AVE
510
MIAMI, FL 33165

DO NOT WRITE IN THIS SPACE



02152006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0164711

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

ALEXANDER, CSONKA
1921 SW 107 AVE 510
510
MIAMI, FL 33165

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CSONKA, ALEXANDER
STREET ADDRESS 1921 SW 107TH AVE 510
CITY-ST-ZIP MIAMI, FL 33165

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #