


FILED
Jul 17, 2006 8:00 am
Secretary of State

40.000 200 -

<div style="display: flex; justify-content: space-between;"><div>DOCUMENT # H54345 1. Entity Name SARTORETTI, INC.</div><div style="text-align: center;"></div></div>		<div style="display: flex; justify-content: space-between;"><div>07-17-2006 90143 045 ***150.00</div><div>Secretary of State</div></div>	
Principal Place of Business 413 BELLEVUE AVE DAYTONA BEACH, FL 32114		Mailing Address 413 BELLEVUE AVE DAYTONA BEACH, FL 32114	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2532817		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SARTORETTI, FRANK 413 BELLEVUE AVE DAYTONA BEACH, FL 32114		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 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		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	PST SARTORETTI, FRANK 413 BELLEVUE AVENUE. DAYTONA BEACH, FL 32114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> FRANK SARTORETTI		<div style="display: flex; justify-content: space-between;"><div>7/10/06</div><div>386.257.4322</div></div> <div style="display: flex; justify-content: space-between;"><div><small>Date</small></div><div><small>Daytime Phone #</small></div></div>	