2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # J55995

1. Entity Name
SCORPIO SALES INC.

Principal Place of Business	Mailing Address
PO BOX 9239	PO BOX 9239
7373 DAVIE RD EXTENSION	7373 DAVIE RD EXTENSION
HOLLYWOOD, FL 33024	HOLLYWOOD, FL 33024

DO NOT WRITE IN THIS SPACE

04022007   No Chg-P   CR2E034 (11/05)

4. FEI Number
65-0051005

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SARAFAN, RICHARD J.
C/O GENOVESE JABLOVE & BATTISTA
100 SE 2ND ST. FL 36
MIAMI, FL 33131-2158

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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS	
TITLE	PS	
NAME	GOLDBERG, ROBERT	
STREET ADDRESS	3208 SW 175TH AVENUE	
CITY-ST-ZIP	MIRAMAR, FL 33029	
TITLE	VP	
NAME	RYAN, MICHAEL F.	
STREET ADDRESS	6831 SW 9TH STREET	
CITY-ST-ZIP	PEMBROKE PINES, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000749877
05/18/07-80039-018 150.00

DO NOT WRITE 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 #