


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # J55995 1. Entity Name SCORPIO SALES INC.	
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Principal Place of Business PO BOX 9239 7373 DAVIE RD EXTENSION HOLLYWOOD, FL 33024	Mailing Address PO BOX 9239 7373 DAVIE RD EXTENSION HOLLYWOOD, FL 33024
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DO NOT WRITE IN THIS SPACE



04132008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0051005	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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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 _____ (NOTE: Registered Agent signature required when reappointing)
Signature, typed or printed name of registered agent and title if applicable. _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

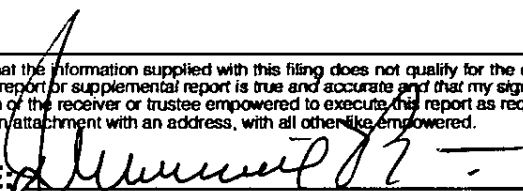

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS GOLDBERG, ROBERT 3208 SW 175TH AVENUE MIRAMAR, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RYAN, MICHAEL F. 6831 SW 9TH STREET PEMBROKE PINES, FL
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 05/28/08-80089-017 150.00

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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:  **4/29/08** 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #