



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90276 013 ***150.00

DOCUMENT # J79694 1. Entity Name SAN SIRO, INC.					
Principal Place of Business 2127 RINGLING BLVD 101 SARASOTA, FL 34237 US			Mailing Address 2127 RINGLING BLVD 101 SARASOTA, FL 34237 US		
2. Principal Place of Business Suite, Apt. #, etc. <div style="text-align: center; font-size: 1.5em;">102</div>		3. Mailing Address Suite, Apt. #, etc. <div style="text-align: center; font-size: 1.5em;">102</div>			
City & State 		City & State 		01102006 Chg-P CR2E034 (11/05)	
Zip 		Zip 		4. FEI Number 59-2819805	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent VENABLE, JOSEPH P. 1400 4TH AVE., W BRADENTON, FL 34205			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 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIVOLTA, PIERO 2127 RINGLING BLVD., STE 102 SARASOTA, FL 34237	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VENABLE, JOSEPH P. 1400 4TH AVE W. BRADENTON, FL 34205	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVOLTA, RENZO 2127 RINGLING BLVD., STE 102 SARASOTA, FL 34237	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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>			Piero Rivolta 4-15-06 941-954-0355 <small>Date Daytime Phone #</small>		