

# 2004 FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L14074

1. Entity Name  
SAGRAV INTERNATIONAL, INC.



Principal Place of Business  
14312 SW 90TH TERRACE  
MIAMI, FL 33186-8009 US

Mailing Address  
14312 SW 90TH TERRACE  
MIAMI, FL 33186-8009 US

FILED  
04 MAR -1 AM 9:23  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



01132004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

DELGADO, SILVIA  
14312 S W 90TH TERR  
MIAMI, FL 33196

**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

*Alfredo E. Vargas*  
ALFREDO E. VARGAS

02-14-04

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 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  
DT  
VARGAS, ALFREDO E  
14312 SW 90TH TERRACE  
MIAMI, FL 331868009

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
DELGADO, SILVIA E  
14312 SW 90TH TERRACE  
MIAMI, FL 331868009

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

300029806283  
03/03/04--01038--005 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 a address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALFREDO E. VARGAS

02-14-04 305-386-8129  
Date Daytime Phone #