

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 29, 2008 08:00 AM
Secretary of State

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**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0155049

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of person making this declaration

Signature, typed or printed name of person making this declaration

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DT
NAME VARGAS, ALFREDO E ☐ Delete
STREET ADDRESS 14312 SW 90TH TERRACE
CITY-STATE-ZIP MIAMI FL 33186-8009

TITLE
NAME 000000843310 ☐ Change ☐ Addition
STREET ADDRESS 03/11/08-80065-013 150.00
CITY-STATE-ZIP

TITLE DS
NAME DELGADO, SILVIA E ☐ Delete
STREET ADDRESS 14312 SW 90TH TERRACE
CITY-STATE-ZIP MIAMI FL 33186-8009

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 temporarily authorized 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 or an officer-like empowered.

SIGNATURE:

Alfredo Enrique Vargas

Alfredo Enrique Vargas, President

Feb. 26th, 2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305 386 8139