2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

May 07, 2007 8:00 am DOCUMENT # L47316 Secretary of State 1. Entity Name 05-07-2007 90052 036 ***150.00 RUSSELL B. SANGUEDOLCE, JR., INC. Principal Place of Business Mailing Address C/O RUSSELL B. SANGUEDOLCE, JR. C/O RUSSELL B. SANGUEDOLCE, JR. 5722 NW 48 CT 5722 NW 48 CT **CORAL SPRINGS FL 33067** CORAL SPRINGS FL 33067 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 59-2992397 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SANGUEDOLCE, RUSSELL B., JR. Street Address (P.O. Box Number is Not Acceptable) 5722 NW 48 CT CORAL SPRINGS FL 33067 City 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 registered agent and title if applicable (NOTE: Registered Agent signature required when relocations) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 HILE HIII Delete Change ☐ Addition SANGUEDOLCE, RUSSELL B. NAME NAME 5722 N.W. 48 COURT STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33067 CITY ST ZIP CHY ST ZIP VP HITE ☐ Delete 11111 Change Addition LENIS, MARIA E NAME NAME 5722 N.W. 48 COURTS STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33067 CUTY-ST-ZIP CITY ST 7IP Julian M Sanguedole Change 5722 Nw48ct V-P Ceral Springs, Fl 33067 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY ST 7IP THIF Delete ■ Addition THEF NAME NAM STREET ADDRESS STREET ADORESS CITY ST-7IP CITY ST ZIP Hitte ☐ Defete HILE ☐ Change * Addition NAME NAME STREET ADDRESS STREET LADDRESS CITY ST-ZIP CUY SI-70 ☐ Delete THE ☐ Addition DILLE Change NAME NAME. STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CITY-ST-ZIP 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 eath; that I am an officer or director of the corporation or the receiver or fluxtoe 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. 12. I hereby certify that the information

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED