


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # L47316

1. Entity Name
 RUSSELL B. SANGUEDOLCE, JR., INC.



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|---|---|
| Principal Place of Business C/O RUSSELL B. SANGUEDOLCE, JR. 5722 NW 48 CT CORAL SPRINGS, FL 33067 US | Mailing Address C/O RUSSELL B. SANGUEDOLCE, JR. 5722 NW 48 CT CORAL SPRINGS, FL 33067 US |
|---|---|



05062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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|---|---------------------------------------|
| 4. FEI Number 59-2992397 | 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

SANGUEDOLCE, RUSSELL B., JR.
 5722 NW 48 CT
 CORAL SPRINGS, FL 33067

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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SANGUEDOLCE, RUSSELL B. 5722 N.W. 48 COURT CORAL SPRINGS, FL 33067 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP LENIS, MARIA E 5722 N.W. 48 COURTS CORAL SPRINGS, FL 33067 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V SANGUEDALCE, JULIAN M 5722 NW 48TH CT CORAL SPRINGS, FL 33067 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 06/03/08-80048-025 150.00

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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: *Maria E Lenis VP* Date: *5-1-08* Daytime Phone #: *954-390-3266*