

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M26216

Entity Name: SANGIRORI, INC.

FILED
Apr 20, 2006
Secretary of State

Current Principal Place of Business:

1681 NW 97TH AVE
DORAL, FL 33172 US

New Principal Place of Business:

Current Mailing Address:

1681 NW 97TH AVE
DORAL, FL 33172 US

New Mailing Address:

FEI Number: 59-2693000 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELEO, SANTE
1681 NW 97TH AVE
DORAL, FL 33172 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DE LEO, RICARDO
Address: 1681 NW 97TH AVE
City-St-Zip: DORAL, FL 33172

Title: CD () Delete
Name: DE LEO, SANTE
Address: 1681 NW 97TH AVE
City-St-Zip: DORAL, FL 33172

Title: D () Delete
Name: DE LEO, GINA
Address: 1681 NW 97TH AVE
City-St-Zip: DORAL, FL 33172

Title: D () Delete
Name: DE LEO, ROBERTO
Address: 8320 SW 62 COURT
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DE LEO, ROBERTO
Address: 1681 NW 97TH AVE
City-St-Zip: DORAL, FL 33172

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANTE DE LEO

CD

04/20/2006

Electronic Signature of Signing Officer or Director

_____ Date