

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M26216

Entity Name: SANGIRORI, INC.

FILED
Apr 18, 2009
Secretary of State

Current Principal Place of Business:

1845 NW 112TH AVE
UNIT 199
DORAL, FL 33172 US

Current Mailing Address:

1845 NW 112TH AVE
UNIT 199
DORAL, FL 33172 US

New Principal Place of Business:

1845 NW 112TH AVE
UNIT 199
MIAMI, FL 33172 US

New Mailing Address:

1845 NW 112TH AVE
UNIT 199
MIAMI, FL 33172 US

FEI Number: 59-2693000

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE LEO, SANTE
1845 NW 112TH AVE UNIT 199
DORAL, FL 33172 US

Name and Address of New Registered Agent:

DE LEO, SANTE
1845 NW 112TH AVE
199
MIAMI, FL 33172 US

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: SANTE DE LEO

04/18/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DE LEO, RICARDO
Address: 1845 NW 112TH AVE UNIT 199
City-St-Zip: DORAL, FL 33172

Title: CD () Delete
Name: DE LEO, SANTE
Address: 1845 NW 112TH AVE UNIT 199
City-St-Zip: DORAL, FL 33172

Title: D () Delete
Name: DE LEO, GINA
Address: 1845 NW 112TH AVE UNIT 199
City-St-Zip: DORAL, FL 33172

Title: D () Delete
Name: DE LEO, ROBERTO
Address: 1845 NW 112TH AVE UNIT 199
City-St-Zip: DORAL, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: DE LEO, RICARDO
Address: 1845 NW 112TH AVE UNIT 199
City-St-Zip: MIAMI, FL 33172

Title: CD (X) Change () Addition
Name: DE LEO, SANTE
Address: 1845 NW 112TH AVE UNIT 199
City-St-Zip: MIAMI, FL 33172

Title: D (X) Change () Addition
Name: DE LEO, GINA
Address: 1845 NW 112TH AVE UNIT 199
City-St-Zip: MIAMI, FL 33172

Title: D (X) Change () Addition
Name: DE LEO, ROBERTO
Address: 1845 NW 112TH AVE UNIT 199
City-St-Zip: MIAMI, FL 33172

I hereby certify that the information supplied with this filing does not qualify 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

CO

04/18/2009

Electronic Signature of Signing Officer or Director

Date