

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90016 040 \*\*\*150.00

**DOCUMENT # P01000027799**

1. Entity Name  
**SANNA OF FLORIDA, CORP.**



Principal Place of Business: **1341 CROSS BILL CT, WESTON, FL 33327**  
Mailing Address: **2601-SO BAYSHORE DRIVE STE 1400 MIAMI, FL 33133**

**40024735**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052006

Chg-P

CR2E034 (11/05)

4. FEI Number

**65-1092127**

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

**DURAN, ALFREDO G  
2601 SO BAYSHORE DRIVE STE 1400  
MIAMI, FL 33133**

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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEB 15, 2006  
After May 1, 2006, Fee will be \$550.00**

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: **PD** ☐ Delete  
NAME: **PALACIOS, LIDA**  
STREET ADDRESS: **1341 CROSSBILL COURT**  
CITY-ST-ZIP: **WESTON, FL 33327**

TITLE: ☐ Change ☐ Addition  
NAME: **PALACIOS LIDA**  
STREET ADDRESS: **1341 CROSSBILL COURT**  
CITY-ST-ZIP: **WESTON, FL 33327**  
**PLEASE CORRECT SPELLING**

TITLE: **STD** ☐ Delete  
NAME: **LATTANZIO, CARLOS**  
STREET ADDRESS: **1341 CROSSBILL COURT**  
CITY-ST-ZIP: **WESTON, FL 33327**

TITLE: ☐ Change ☐ Addition  
NAME: **LATTANZIO CARLOS**  
STREET ADDRESS: **1341 CROSSBILL COURT**  
CITY-ST-ZIP: **WESTON, FL 33327**

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
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TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Carlos A. Lattanzio 2/28/06 954693549**