


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90036 022 ***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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2340 So. DIXIE HIGHWAY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State MIAMI, FL	
Zip	Country	Zip	Country
		33133	U.S.A.
6. Name and Address of Current Registered Agent DURAN, ALFREDO G 2601 SO BAYSHORE DRIVE STE 1400 MIAMI, FL 33133		7. Name and Address of New Registered Agent Name: ALFREDO G. DURAN Street Address (P.O. Box Number is Not Acceptable): 2340 So. DIXIE HIGHWAY City: MIAMI FL Zip Code: 33133	
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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PALACIOS, LIDA 1341 CROSSBILL COURT WESTON, FL 33327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LATTANZIO, CARLOS 1341 CROSSBILL COURT WESTON, FL 33327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 another like empowered.			
SIGNATURE: <u>Alfredo Volcanos O.</u>		Date: <u>03-17-08</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

40050578



02132008 Chg-P CR2E034 (12/06)

4. FEI Number 65-1092127 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

754-422-2406