

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 27, 2004 8:00 am**  
**Secretary of State**

08-27-2004 90008 039 \*\*\*150.00

**DOCUMENT # P01000078156**

1. Entity Name  
**SAGARO & SAGARO CORP.**



Principal Place of Business  
**7184 SW 47 ST.  
MIAMI, FL 33155**

Mailing Address  
**14748 SW 56TH ST.  
#222  
MIAMI, FL 33185**

**24001000**



2. Principal Place of Business  
**15526 SW 62ND TERR**  
Suite, Apt. #, etc.

3. Mailing Address  
**14748 SW 56TH ST #222**  
Suite, Apt. #, etc.  
**222**

08242004 Chg-P CR2E034 (10/03)

City & State  
**MIAMI FL**

City & State  
**MIAMI FL**

4. FEI Number  
**22-3829496**  
Applied For  
Not Applicable

Zip  
**33193**  
Country  
**USA**

Zip  
**33185**  
Country  
**USA**

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

**6. Name and Address of Current Registered Agent**

**SAGARO, JUAN J  
15526 SW 62 TERR  
MIAMI, FL 33193**

**7. Name and Address of New Registered Agent**

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

**8/20/04**

**FILE NOW!! FEE IS \$150.00  
Due by September 8, 2004**

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 **P** ☐ Delete  
NAME **SAGARO, JUAN J**  
STREET ADDRESS **15526 SW 62 TERR.**  
CITY-ST-ZIP **MIAMI, FL 33183**

TITLE **T** ☒ Delete  
NAME **ORTEGA, ALINA C**  
STREET ADDRESS **8810 S.W. 123 CT. #M-407**  
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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

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

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

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 exemption stated in Section 119.07(3)(i), 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 #

**8/20/04**