

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000068025

Entity Name: HECTOR SANSOGNI, INC.

FILED  
Jul 05, 2007  
Secretary of State

## Current Principal Place of Business:

5101 FOXPOINTE CR  
DELRAY BCH, FL 33445

## New Principal Place of Business:

199 E FLAGLER ST  
300  
MIAMI, FL 33131

## Current Mailing Address:

23123 STATE RD 7  
236  
DELRAY BEACH, FL 33483

## New Mailing Address:

199 E FLAGLER ST  
300  
MIAMI, FL 33131

FEI Number: 75-3074423

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PERLA, CARLOS  
5101 FOXPOINTE CR  
DELRAY BEACH, FL 33445 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SANSOGNI, HECTOR O  
Address: 2105 LAVERS CR 102  
City-St-Zip: DELRAY BCH, FL 33444

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: HECTOR SAGSOGNI

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07/05/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date