2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000117192

1. Entity Name
ALSAGI CORPORATION

Principal Place of Business	Mailing Address
20663 SW 103 AVE MIAMI, FL 33189	20663 SW 103 AVE MIAMI, FL 33189

DO NOT WRITE IN THIS SPACE

03102007 No Chg-P CR2E034 (11/05)

4. FEI Number
43-1981362

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GONZALEZ, FLAVIA
20663 SW 103 AVE
MIAMI, FL 33189

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GONZALEZ, FLAVIA
STREET ADDRESS	20663 SW 103 AVE
CITY-ST-ZIP	MIAMI, FL 33189
TITLE	S
NAME	GONZALEZ, EDUARDO D
STREET ADDRESS	20663 SW 103 AVE
CITY-ST-ZIP	MIAMI, FL 33189
TITLE	T
NAME	GONZALEZ, SABRINA V
STREET ADDRESS	20663 SW 103RD AVE
CITY-ST-ZIP	MIAMI, FL 33189
TITLE	AS
NAME	GONZALEZ, EDUARDO A
STREET ADDRESS	20663 SW 103RD AVE
CITY-ST-ZIP	MIAMI, FL 33189
TITLE	AT
NAME	GONZALEZ, GISELA
STREET ADDRESS	20663 SW 103RD AVE
CITY-ST-ZIP	MIAMI, FL 33189
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/26/07-80007-020 150.00

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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: X _____ 03/12/07 (305) 2579014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #