


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000124415</b> 1. Entity Name IL SANDALO CORPORATION	
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Principal Place of Business 240 WORTH AVENUE SUITE 4L PALM BEACH, FL 33480	Mailing Address 240 WORTH AVENUE 4L PALM BEACH, FL 33480
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**DO NOT WRITE IN THIS SPACE**



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1163589	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TESORONE, FABIO  
240 WORTH AVENUE  
4L  
PALM BEACH, FL 33480

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IN THIS SPACE**

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TESORONE, FABIO 240 WORTH AVE, 4L PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TESORONE, JESSICA A 240 WORTH AVE, 4L PALM BEACH, FL 33480
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01/11/07-80025-009 150.00

**DO NOT WRITE  
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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:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_