


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90226 002 ***150.00

DOCUMENT # P03000026097	
1. Entity Name N & R SAGOL CORPORATION	

Principal Place of Business 1580 SAWGRASS CORPORATE PARKWAY 130 SUNRISE, FL 33323	Mailing Address 1580 SAWGRASS CORPORATE PARKWAY 130 SUNRISE, FL 33323
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50052399



2. Principal Place of Business 1709 Whitehall Dr. Suite, Apt. #, etc. 201 City & State FORT LAUDERDALE, FL Zip 33324 Country U.S.A.	3. Mailing Address 1709 Whitehall Dr. Suite, Apt. #, etc. 201 City & State FORT LAUDERDALE, FL Zip 33324 Country U.S.A.
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05102005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0320772	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CIFUENTES-MARRERO, P.A.
 1580 SAWGRASS CORPORATE PARKWAY
 SUITE 130
 SUNRISE, FL 33323

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

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARMONA DE SAGOL, NORAH C/O 1580 SAWGRASS CORPORATE PKWY, STE 130 SUNRISE, FL 33323 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SAGOL, RICARDO 1580 SAWGRASS CORPORATE PARKWAY, STE 130 SUNRISE, FL 33323 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: NORAH CARMONA SAGOL 05/10/05 954 604 7194
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
1030000026097
50052399

N & R SAGOL CORPORATION
1709 Whitehall Dr. # 201
Fort Lauderdale FL., 33324

Florida Department of State
Division of Corporations
P O Box 1500
Tallahassee, FL. 32302-1500

May 10, 2005

Dear Sir or Madam:

The reason of this letter is justify my late payment in my Annual Report.
My husband and I were out of country getting our new visa, it was in our
Country, Argentina.
We could not take care of our business in timely manner, but I compromise
myself not to let this happen again.
Thanks for your comprehension,

Sincerely



Norah Carmona Sagol