
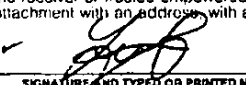


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-14-2006 90014 021 ***150.00

DOCUMENT # P05000087566 1. Entity Name S'AGAPO CORP.					
Principal Place of Business 572 TAMIAMI TR. NAPLES FL 34102			Mailing Address 572 TAMIAMI TR. NAPLES FL 34102		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 14-1932189	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PACCHIANA, PAUL 5425 PARK CENTRAL CT. NAPLES FL 34109				7. Name and Address of New Registered Agent Name MECOLLARI, LEONARD Street Address (P.O. Box Number is Not Acceptable) 572 TAMIAMI TR. City NAPLES FL Zip Code 34102	
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 _____ <small>(NOTE: Registered Agent signature required when filing late)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input checked="" type="checkbox"/> Delete CALA, BAKI 2731 POINCIANA ST. NAPLES FL 34105		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Delete MECOLLARI, LEONARD 28590 ALESSANDRIA CIR. BONITA SPRINGS FL 34135		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P VP T D MECOLLARI, LEONARD 28590 ALESSANDRIA CIR. BONITA SPRINGS FL 34135	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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 exemptions contained in Section 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: 			Date: 2/21/06 Daytime Phone: 239-213-1232		