2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 23, 2006 8:00 am Secretary of State

DOCUMENT # P05000106783 1. Entity Name SERGATTI CORPORATION						05-11-2006	5 90240 040 **	*150.00
Principal Place	e of Business	Mailing Address	•					
845 WEST 75 STE. 404	STH STREET		845 WEST 75TH STREET STE. 404					
STE. 404 HIALEAH, FL	33014	HIALEAH, FL 33014						
Principal Place of Business 3. Mailing Address								
2. Principal P	lace of Business	3. Mailing Address	5. Maining Address			HAI QUIL DAUK DAUK B	STEE STEEL SEET FEITH (TEEL) IT	
Suite. Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		02102006	Chg-P	CR2E034 (11/	05)
City & State		City & State	City & State		4. FEI Number	20-32	43821	Applied For Not Applicable
Zip	Country Zip Cou		Cour	ntry	5. Certificate of Status Desired			
	6. Name and Address of Curren	t Registered Agent	<u> </u>	T	7. Name and A	ddress of New	Registered Agent	JUNI 80
				Name				
ROLDAN, PATRICIA 845 WEST 75TH STREET STE. 404				Street Address (P.O. Box Number is Not Acceptable)				
HIALEAH, FL 33014								
				City			FL Zip	Code
	named entity submits this statement	for the purpose of changing i	is register	ed office or registe	ered agent, or both	in the State of F	Porida. I am familiar v	vith, and accept
the obligat	ions of registèred agent.							
SIGNATURE Signesize, typed or printed name of registered agent and title 4 applicable (NOTE: Registered Agent signature required when reinstating) DATE								
After Ma	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550 \$; OFFICERS AN				5.00 May Be ded to Fees	HANGES TO OF	FICERS AND DIRECT	ORS IN 11
TOTLE	PD 🏚	☐ Delete	TITL	£			☐ Char	
NAME	GONŽALEZ, SERGIO		NAM					
STREET ADDRESS;	845 WEST 75TH STREET, API -HIALEAH, FL. 33014	404		PET ADORESS ST ZIP				
IITLE	VD	☐ Delete	TITL	E			☐ Char	ge 🔲 Addition
NAME	ROLDAN, PATRICIA	r 40.	NAN					
STREET ADDRESS CITY-ST-ZIP	845 WEST 75TH STREET, APT HIALEAH, FL 33014	1 404		eet adoress -st-zip				
TITLE		☐ Delete	ПΙ	E			Char	ge Addition
NAME			NAM	i i				
STREET ADDRESS CITY-S1-28P			- 1	ET ADORESS -st-zip				
TITLE		☐ Delate	TITL	£			☐ Char	ge Addition
MAME			NAM					
CITY-ST-ZIP				EET AODFRESS r-St-21P				
Printe		☐ Defete	TITL				□ Char	ige Addition
NAME			NAM	l l				
STREET ADDRESS CITY-ST-ZIP				EET ADORESS '-ST-ZIP				
TITLE		☐ Delete	TITE				☐ Char	ge Addition
HAME		L vente	NAM					- <u></u>
STREET ADDRESS			1	EET ADDRESS				
CITY-ST-ZIP	cortifu that the information according	th this filing dose not music.		emptions contains	d in Chapter 110	Elorida Clabdos	Liurthan cartifu the 4	he information
livitusisnà.	certify that the information supplied w	menta ming occa not quality.	אם שווו וויי	empiroria cuitalne	a ai Oliabici (19.	wind Statutes.	Transfer Certify frigit	IC SUDDITION TO SECURIT

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.

GNATURE:

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF STONING OFFICER OR DIRECTOR