


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90030 021 ***150.00

DOCUMENT # P05000129043					
1. Entity Name SANGREAL CORPORATION					
Principal Place of Business 2679 JOHN ANDERSON DDR. ORMOND BCH, FL 32176			Mailing Address 2679 JOHN ANDERSON DDR. ORMOND BCH, FL 32176		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MAZZARELLA, LAURA 2679 JOHN ANDERSON DDR. ORMOND BCH, FL 32176				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 <u>L. Mazzarella Nogaj</u> DATE <u>4/30/07</u> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			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	P MAZZARELLA, LAURA 2679 JOHN ANDERSON DDR. ORMOND BCH, FL 32176	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Laura Nogaj 2679 John Anderson Dr Ormond Bch, fl 32176	<input checked="" type="checkbox"/> Change <input checked="" 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
name change due to marriage					
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
Certificate Enclosed!					
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



04302007 Chg-P CR2E034 (12/06)

4. FEI Number
20-3512245

Applied For
Not Applicable

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

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 #

4/30/07 407.341
3914

ATTACHMENT

Department of Health • Vital Statistics
STATE OF FLORIDA
MARRIAGE RECORD
 TYPE IN UPPER CASE
 USE BLACK INK

This license not valid unless seal of Clerk, Circuit or County Court, appears thereon.

40102380

(STATE FILE NUMBER)

#P05000129043

AUG 02 2006

DATE RETURNED:

RECORDED: BOOK

357 PAGE 2074

HOWARD C. FORMAN, CLERK OF COURT

BY *gm*, DEPUTY CLERK.

ML-WE-06-001599
 (APPLICATION NUMBER)

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) THOMAS MARK NOGAJ			2. DATE OF BIRTH (Month, Day, Year) OCT 24, 1961		
3a. RESIDENCE - CITY, TOWN, OR LOCATION WESTON	3b. COUNTY BROWARD	3c. STATE FLORIDA	4. BIRTHPLACE (State or Foreign Country) ILLINOIS		
5a. BRIDE'S NAME (First, Middle, Last) LAURA JEAN MAZZARELLA			5b. MAIDEN SURNAME (if different) SPATZER		
7a. RESIDENCE - CITY, TOWN, OR LOCATION ORMOND BEACH			7b. COUNTY VOLUSIA	7c. STATE FLORIDA	8. BIRTHPLACE (State or Foreign Country) MARYLAND

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) <i>Thomas Mark Nogaj</i>		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) MAY 18, 2006	
11. TITLE OF OFFICIAL DEPUTY CLERK JOHN SIMMONS		12. SIGNATURE OF OFFICIAL (Use black ink) <i>John Simmons</i>	
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>Laura Jean Mazzarella</i>		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) MAY 18, 2006	
15. TITLE OF OFFICIAL DEPUTY CLERK JOHN SIMMONS		16. SIGNATURE OF OFFICIAL (Use black ink) <i>John Simmons</i>	

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE BROWARD	18. DATE LICENSE ISSUED MAY 18, 2006	18a. DATE LICENSE EFFECTIVE MAY 21, 2006	19. EXPIRATION DATE JUL 19, 2006
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>John Simmons</i>		20b. TITLE DEPUTY CLERK JOHN SIMMONS	20c. BY D.C.

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) July 18, 2006	22. CITY, TOWN, OR LOCATION OF MARRIAGE SUNRISE, BROWARD COUNTY		
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>Lori A. Wygladalski</i>		23c. ADDRESS (Of person performing ceremony) 3870 NW 78 Terr. Coral Springs FL 33065	
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) LORI A. WYGLADALSKI Notary		24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Janet A. Byrne</i>	
		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)	

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

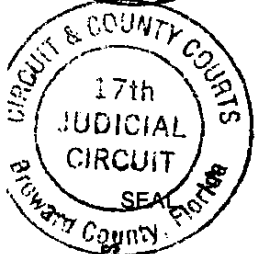
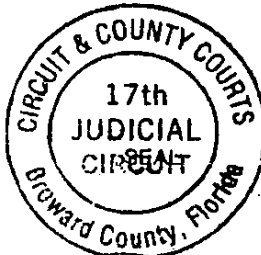
BROWARD COUNTY, FLORIDA

I certify this document to be a true and correct copy of the original.

WITNESS MY HAND AND SEAL

ON **AUG 16 2006**
 HOWARD C. FORMAN

CLERK OF COUNTY & CIRCUIT COURT
 BY *Lori A. Wygladalski* D.C.



Lori A. Wygladalski
 MY COMMISSION # D0142064 EXPIRES
 September 3, 2006
 BONDED THROUGH FAN INSURANCE, INC.