


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

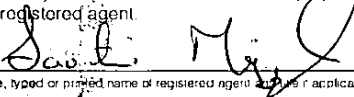
FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90021 039 ***158.75

DOCUMENT # P06000052522					
1. Entity Name SAGITZ, INC.					
Principal Place of Business 2119 NW 75TH WAY PEMBROKE PINES FL 33024			Mailing Address 2119 NW 75TH WAY PEMBROKE PINES FL 33024		
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	4. FEI Number 57-1232440	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	



1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent LIVERPOOL, RUTH 4974 N. UNIVERSITY DR. LAUDERHILL FL 33351				7. Name and Address of New Registered Agent Name SAVITRI MARAJH Street Address (P.O. Box Number is Not Acceptable) 2119 N.W. 75TH WAY City PEMBROKE PINES FL Zip Code 33024	
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 		SAVITRI MARAJH		DATE 02/23/07	
Signature, typed or printed name of registered agent, if applicable.		(NOTE: Registered Agent signature required when reinstating)			

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIEWRATTAN, GANEESH			NAME			
STREET ADDRESS	2119 NW 75TH WAY			STREET ADDRESS			
CITY- ST- ZIP	PEMBROKE PINES FL 33024			CITY- ST- ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARAJH, SAVITRI			NAME			
STREET ADDRESS	2119 NW 75TH WAY			STREET ADDRESS			
CITY- ST- ZIP	PEMBROKE PINES FL 33024			CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			

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:  **SAVITRI MARAJH** **02/23/07** **454-734 -4624**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #