2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000100424

FILED Sep 24, 2008 Secretary of State

Entity Name: SATORO, CORP.						
Current Principal Place of Business:			New Principal Place of Business:			
1835 W. FLAGLER ST., SUITE 201-262 MIAMI, FL 33135			2050 HOLLYWOOD BLVD HOLLYWOOD, FL 33020			
Current Mailing Address:			New Mailing Address:			
1835 W. FL MIAMI, FL	_AGLER ST., S 33135	SUITE 201-262				
FEI Number:	26-0840746	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent: Name				lame and Address of New Registered Agent:		
	AIRHARD 14TH ST., AP ON, FL 33322					
The above in the State		ubmits this statement for the p	urpose of changing i	ts registered	d office or registered agent, or both,	
SIGNATUR	RE:					
	Electron	ic Signature of Registered Age	nt		Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	SANTANA, PEDI	ERR.,UNIT 2410	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () TOVAR, JONATI 10790 NW 14TH PLANTATION, F	IST.	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () ROSAS, RAIRHA 10661 NW 14TH PLANTATION, F	l ST., APT. 243	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	MD () LORORELLI, VII 185 SE 14 TERI MIAMI, FL 3313	R., UNIT 2410	Title: Name: Address: City-St-Zip:	MD LOSORELLI 185 SE 14 T MIAMI, FL 3	ERR., UNIT 2410	
Title: Name:	MGRD () VFR INTERNATI	Delete ONAL CO, RP.	Title: Name:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: PEDRO SANTANA P 09/24/2008

1835 W FLAGLER ST. STE. 201-262

MIAMI, FL 33135

Address:

City-St-Zip: