


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90014 010 ***158.75

DOCUMENT # P37265	
1. Entity Name EGANA OF SWITZERLAND (AMERICA) CORP.	

Principal Place of Business 2004 NW 25TH AVE POMPANO BEACH FL 33069 US	Mailing Address 630 FIFTH AVE SUITE 1905 NEW YORK NY 10011 <i>← Same as principle place of business</i>
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2. Principal Place of Business	3. Mailing Address 2004 NW 25th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Pompano Beach FL	City & State Pompano Beach FL
Zip 33069	Country USA



MOORE CR2E034 (11/03)

4. FEI Number 13-3594058	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BRUNNER, FRANZ 2004 NW 25TH AVE POMPANO BEACH FL 33069
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7. Name and Address of New Registered Agent
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 *Frantz Brunner* (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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
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10. OFFICERS AND DIRECTORS	
TITLE P	<input checked="" type="checkbox"/> Delete
NAME SAMUELS, JACQUELIN	
STREET ADDRESS 4951 AIRPORT PARKWAY, SUITE 803	
CITY-ST-ZIP ADDISON TX 75001	
TITLE CEO	<input type="checkbox"/> Delete
NAME BRUNNER, FRANZ	
STREET ADDRESS 2004 NW 25 AVE	
CITY-ST-ZIP POMPANO FL 33069	
TITLE C	<input type="checkbox"/> Delete
NAME KOBLITZ, KURT	
STREET ADDRESS 7277 ARCADIA CT-	
CITY-ST-ZIP BOCA RATON FL 33433	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRUNNER, FRANZ	
STREET ADDRESS <i>Frantz Brunner</i>	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Frantz Brunner* **2/23/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
P37265
44020291

Change of Address or Business Name

Complete this form, sign it, and mail it to the Department if:

- The address below is not correct.
- The business location changes.
- The corporation name changes.

Mail to:

FLORIDA DEPARTMENT OF
REVENUE
5050 W TENNESSEE ST
TALLAHASSEE FL 32399-0100

65-0385867

SAINERT INC
C/O CLAUSEN
PO BOX 429
MARCO ISLAND

FL 34146-0429

FR-1120

Signature of Officer (Required)

Date

FEIN of entity

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CHANGE
IN

New
Location
Address

Business location _____
City _____ State _____ ZIP _____

Business telephone (____) _____ County _____

In care of _____

Mailing address _____

New
Mailing
Address
City _____ State _____ ZIP _____

Owner's telephone (____) _____ County _____

New
Business
Name
DBA _____

New
Corporation
Name _____

0000 0 2003J23J 0002005999 4 40000000009 4277 3

Attachment

P37265

44020291

State of Florida Department of State

CERTIFICATE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION

The below named corporation having failed to file its 2002 corporation
annual report/uniform business report, in accordance with Florida
Statutes, is hereby administratively dissolved or revoked effective
October 4, 2002.

Corporation Name: SAINERT, INC.

Document Number: P93000005847

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capital, this the
4th day of October, 2002.



Jim Smith

Jim Smith
Secretary of State