

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90023 004 ***150.00

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1. Entity Name

SANGIORGIO FURNITURE INDUSTRIES, INC.



Principal Place of Business

2200 S. OCEAN LANE
UNIT 205
FT LAUDERDALE FL 33431
US

Mailing Address

30 CAMPTOWN RD.
MAPLEWOOD NJ 07040

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-3374341

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARGAGLI, CARLO
2200 SOUTH OCEAN LANE
UNIT 2905
FT. LAUDERDALE FL 33316

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

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTD ☐ Delete
NAME BARGAGLI, CARLO
STREET ADDRESS 2200 SOUTH OCEAN LANE - UNIT 2905
CITY-ST-ZIP FORT LAUDERDALE FL 33316

TITLE S ☐ Delete
NAME VERED, BEATRIZ
STREET ADDRESS 30 CAMPTOWN RD.
CITY-ST-ZIP MAPLEWOOD NJ 07040

TITLE D ☐ Delete
NAME PINELLI, BRUCE
STREET ADDRESS 30 CAMPTOWN RD.
CITY-ST-ZIP MAPLEWOOD NJ 07040

TITLE VP ☐ Delete
NAME BERNAT, WILLIAM
STREET ADDRESS 30 CAMPTOWN RD.
CITY-ST-ZIP MAPLEWOOD NJ 07040

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

973-3749600
BEATRIZ VERED 3/11/04 Corp. Secretary