


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 05, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000037514 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
---	---



06292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

U00000370912
07/05/05-80036-019 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #

Beatriz Vered BEATRIZ VERED 6/29/05 9733749600