

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

FILED  
Apr 21, 2004 08:00 AM  
Secretary of State

DOCUMENT # P96000053830

1. Entity Name  
SANSO ENTERPRISES, INC.



Principal Place of Business  
6886 GULFPORT BLVD., S.  
S. PASADENA, FL 33707

Mailing Address  
6886 GULFPORT BLVD., S.  
S. PASADENA, FL 33707



04132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-3390296

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, GARY  
6886 GULFPORT BLVD., S.  
S. PASADENA, FL 33707

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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  
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

U00000121918  
04/21/04-80008-018 150.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
SANCHEZ, GARY  
6886 GULFPORT BLVD., S.  
S. PASADENA, FL 33707

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
SOTOLONGO, LEGLIO E  
6886 GULFPORT BLVD., S.  
S. PASADENA, FL 33707

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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)(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: Leglio E. Sotolongo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-347-6020