## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOZOOOOGGE

3. Date Incorporated or Qualifed

11/12/1997

DOCUMENT # **P97000096265**1. Corporation Name

SONGUMAIO, INC.

Principal Place of Business 11036 SPRINGHILL DRIVE

SPRINGHILL FL 34608

Mailing Address

11036 SPRINGHILL DRIVE SPRINGHILL FL 34608

DO NOT WRITE IN THIS SPACE

FILED

Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90047 041 \*\*\*158.75

4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-3508972 APPLIED FOR Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired V Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Zip 8. This corporation owes the current year Intangible Zip Country □No 30 Personal Property Tax. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 82 1201 HAYS STREET TALLAHASSEE FL 32301-2525 83 Zip Code 85 84 City . 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change ☐ Addition □ DELETE 1.1 TITLE TITLE **DEMARIA, JAMES W** 1.2 NAME NAME 11036 SPRINGHILL DRIVE 1.3 STREET ADDRESS STREET ADDRESS SPRINGHILL FL 34608 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ DELETE ☐ Change 41 TITLE TITLE 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIF Addition ☐ DELETE ☐ Change 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

14. 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 annual report or supplemental annual 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 cerporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 1

5.4 CITY-ST-ZIP

6.3 STREET ADORESS

6.1 TITLE

6.2 NAME

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

HEE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

4-20-99 352-686-4006

☐ Change

Addition

CR2E034 (11/98)