
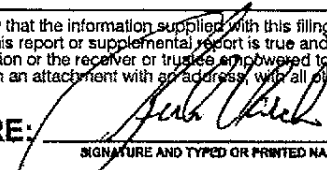


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P98000019052</b> 1. Entity Name SAGANOV INVESTMENT GROUP, INC.		
Principal Place of Business 2322 W. 78TH ST. HIALEAH, FL 33016		Mailing Address 7964 NW 163 TERRACE MIAMI LAKES, FL 33016
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  VARELA, JULIO 7964 NW 163 TERRACE MIAMI LAKES, FL 33016		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		Un00000402515 02/03/06-80011-018 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD VARELA, JULIO 16368 NW 86 CT MIAMI LAKES, FL 33016	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT GONZALEZ, INOCENCIO J 16368 NW 86 CT MIAMI LAKES, FL 33016	
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		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 <u>1-20-06</u> Daytime Phone # <u>(786) 229-6977</u>

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0824685	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required