


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90097 008 ***150.00

DOCUMENT # P98000052547					
1. Entity Name SARNI, INC.					
Principal Place of Business 5385 NOB HILL RD SUNRISE, FL 33351			Mailing Address 5385 NOB HILL RD SUNRISE, FL 33351		
2. Principal Place of Business 3640 N. 34th Avenue Suite, Apt. #, etc.		3. Mailing Address 3640 N. 34th Avenue Suite, Apt. #, etc.			
City & State Hollywood, Florida Zip: 33021 Country: USA		City & State Hollywood, Florida Zip: 33021 Country: USA		4. FEI Number 65-0846918	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MANKUTA, DAVID B ATKINSON DINER STONE MANKUTA & PLOUCHA PA 1946 TYLER ST. HOLLYWOOD, FL 33020			7. Name and Address of New Registered Agent Name: David B. Mankuta Street Address (P.O. Box Number is Not Acceptable): Atkinson, Diner Stone, Mankuta & Ploucha PA One Financial Plaza, 100 SE 3rd Ave. Ste. 1400 City: Ft. Lauderdale State: FL Zip Code: 33394		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: P NAME: NAGELBUSH, JEROME STREET ADDRESS: 5385 NOB HILL RD CITY-ST-ZIP: SUNRISE, FL 33351	<input type="checkbox"/> Delete		TITLE: P NAME: Jerome Nagelbush STREET ADDRESS: 3640 N. 34th Avenue CITY-ST-ZIP: Hollywood, Florida 33021	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Jerome Nagelbush</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/11/05 Date		(954) 927-9931 Daytime Phone #