

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2004 8:00 am
Secretary of State

07-30-2004 90006 038 ***150.00

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1. Entity Name
SANAL MANAGEMENT CO.



Principal Place of Business
4225 WEST 16TH AVENUE
HIALEAH, FL 33012

Mailing Address
4225 WEST 16TH AVENUE
HIALEAH, FL 33012

11000010



07192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 64-0900055	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ALVAREZ, SANTIAGO
4225 WEST 16TH AVENUE
HIALEAH, FL 33012

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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 PD
NAME ALVAREZ, SANTIAGO
STREET ADDRESS 4225 WEST 16TH AVENUE
CITY-ST-ZIP HIALEAH, FL 33012

TITLE VD
NAME GARCIA, RAYMOND
STREET ADDRESS 4225 WEST 16TH AVENUE
CITY-ST-ZIP HIALEAH, FL 33012

TITLE VD
NAME ALVAREZ, SANTIAGO J
STREET ADDRESS 4225 WEST 16TH AVENUE
CITY-ST-ZIP HIALEAH, FL 33012

TITLE TD
NAME GARCIA, VIVIAN
STREET ADDRESS 4225 WEST 16TH AVENUE
CITY-ST-ZIP HIALEAH, FL 33012

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #