## **2008 FOR PROFIT CORPORATION** ANNUAL REPORT

## **FILED** Jan 28, 2008 08:00 Al Secretary of State **DOCUMENT # P99000081190** SANÁL CONSULTING, INC. Principal Place of Business Malling Address 1050 93RD STREET 1050 93RD STREET BAY HARBOR ISLANDS, FL 33154 BAY HARBOR ISLANDS, FL 33154 01192008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0947415 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SANAL, AZIZ DO NOT WRITE 1050 93RD STREET APT 2A BAY HARBOR ISLANDS, FL 33154 IN THIS SPACE Congress Constitution 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 algorature required when reinstating) Signature, typed or printed name of registered agent and title if applicable U00000798783 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be 01/30/08-80043-006 150.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE **PSTD** SANAL, AZIZ R NAME STREET ADDRESS 1050 93RD ST, 2A CITY-ST-ZIP BAY HARBOR ISLANDS, FL 33154 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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.

CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



