2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P99000103222 1. Entity Name							A	Secretary of State			
SABANG	TRIC, INC.				,						
Principal Place of Business Mailing Address						<i>.</i>	7				
412 NAVAR ALTAMONT		FL 32714		NAVARRE WAY NMONTE SPRING	S FL 32	714	arrivation of the second				
2. Principal P	Place of Busin	ess	3. Mailing Address				-				
Suite, Apt.	#, etc		Suite, Apt #, etc.					MOORE CR2E03	4 (11/03)		
City & Stat	te		City & State				4.	FEI Number 59-3635305		oplied For ot Applicable	
Z≀p	Z _S p Country				try	5. Certificate of Status Desired \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name					
SABANGAN, FERNANDO R 412 NAVARRE WAY ALTAMONTE SPRINGS FL 32714						Street Address (P.O. Box Number is Not Acceptable)					
						City			Zip Cod	e	
	named entit		for the purp	ose of changing its	s register	ed office or regist	tered ag	gent, or both, in the State of Florida. I ar	n familiar with,	and accept	
SIGNATURE .	Sinnature typed	or printed name of registered agor	of and little if and	oir able (NO)	TE Baoistara	d Agent signature requi	rad when n	reinstanng) _ DATE		····	
	· · · · · · · · · · · · · · · · · · ·	!! FEE IS \$150.00								<u> </u>	
Afte	r May 1, 20	04 Fee will be \$550.00 Florida Department						Election Campaign Financing Trust Fund Contribution.		O May Be to Fees	
10.		OFFICERS AN	DIRECTO	RS	11.		AΣ	DDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST Delete SABANGAN, FERNANDO R 412 NAVARRE WAY ALTAMONTE SPRINGS FL 32714					E EEI ADDRESS - SI- ZIP		U00000036575 Charge D Addition 02/06/04-80059-016 158.75			
{	412 NAVA			☐ Delete		E ET ADGRESS			☐ Change	☐ Addition	
CITY - ST - ZIP	ALTAMON	TE SPRINGS FL 3271	<u> </u>	☐ Delete	CHY IR.	- ST- 7(P			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP				<i>500</i> 00	NAM STRI	3					
TITLE NAME STREET ADDRESS CITY-SI-ZIP				☐ Delete		ş			Change	☐ Addition	
INTLE NAME STREET ADDRESS CITY-SI-ZIP				☐ Delete		{			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		0		☐ Delete		§			☐ Change	Addition	
12. I hereby of indicated of the corchanged	certify that the lon this reportion or to or on an att	e information supplied wi rt or supplemental report he receiver or trustee em achment with an address	th this filing is true and powered to , with all of	does not qualify for accurate and that execute this reporter like empowered	or the exe my signa t as requi	mption stated in ture shall have th ired by Chapter 6	Section e same i07, Flor	119.07(3)(i), Florida Statutes, I further of legal effect as if made under oath, that not statutes; and that my name appear	ertify that the in I am an officer s in Block 10 o	nformation or director r Block 11 if	

FERNANDO R. SABANGAN

SIGNATURE:

1-30-04 407-342-6763