


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90174 037 ***150.00

DOCUMENT # S22168

1. Entity Name
SARAGINA, INC.



14003764



Principal Place of Business
2477 STICKNEY POINT DR
SUITE 109B
SARASOTA, FL 34231-4069-US

Mailing Address
16528 N. Dale Mabry Hwy,
~~3355 BEARSS AVE~~
TAMPA, FL 33618 US

2. Principal Place of Business
1505 B South McCall Road
 Suite, Apt. #, etc.

3. Mailing Address
16528 N. Dale Mabry Hwy
 Suite, Apt. #, etc.

City & State
Englewood, FL

City & State
Tampa, FL

Zip
34223

Zip
33618

4. FEI Number
65-0239170

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SANDERS, WALTER
~~3355 BEARSS AVE~~ **16528 N. Dale Mabry Hwy,**
TAMPA, FL 33618

7. Name and Address of New Registered Agent
 Name **Sanders, Walter**
 Street Address (P.O. Box Number is Not Acceptable)
16528 N. Dale Mabry Hwy
 City **Tampa** FL Zip Code **33618**

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 Walter Sanders Walter Sanders 2/20/05
Signature, typed or printed name of registered agent and title if applicable. (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. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAREK, CHARLES 2477 STICKNEY ROAD STE 109B SARASOTA, FL 34231	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Mark, Charles 1505 B, South McCall Road Englewood, FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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: Walter Sanders 4/26/05 941 474 2464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #