

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90054 046 ***150.00

DOCUMENT # V62745

1. Entity Name
SADELCO, INC.



Principal Place of Business
**10579 NW 51ST LN
MIAMI, FL 33178 US**

Mailing Address
**10579 NW 51ST LN
MIAMI, FL 33178 US**

2. Principal Place of Business

1681 NW 97TH AVE.

Suite, Apt. #, etc.

3. Mailing Address

1681 NW 97TH AVE

Suite, Apt. #, etc.

City & State

DORSH, FL.

City & State

DORSH, FL.

Zip

33172

Country

USA

Zip

33172

Country

USA

04052005

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0350686

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DE LEO, SANTE
10579 NW 51ST LN
MIAMI, FL 33178**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1681 NW 97TH AVENUE

City

DORSH

FL

Zip Code

33172

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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/5/05

**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

TITLE ☐ Delete
NAME **CD**
STREET ADDRESS **DE LEO, SANTE**
CITY-ST-ZIP **10579 NW 51ST LN
MIAMI, FL**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **DE LEO, GINA**
CITY-ST-ZIP **10579 NW 51ST LN
MIAMI, FL**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **DE LEO, ROBERTO**
CITY-ST-ZIP **8230 SW 62 CT
MIAMI, FL**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **DE LEO, RICCARDO**
CITY-ST-ZIP **10579 NW 51ST LN
MIAMI, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1681 NW 97TH AVENUE**
CITY-ST-ZIP **DORSH, FL. 33172**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1681 NW 97TH AVENUE**
CITY-ST-ZIP **DORSH, FL. 33172**

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

RICCARDO DE LEO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/05 305 594 0850

Date Daytime Phone #