


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # V62745

1. Entity Name
SADELCO, INC.



Principal Place of Business 1845 NW 112TH AVE UNIT 199 DORAL, FL 33172 US	Mailing Address 1845 NW 112TH AVE UNIT 199 DORAL, FL 33172 US
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03192008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0350686	Applied For No: Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DE LEO, SANTE
 1845 NW 112TH AVE UNIT 199
 DORAL, FL 33172**

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 *Sante De Leo* **SANTE DE LEO** 3/19/08
Signature, name or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DE LEO, SANTE 1845 NW 112TH AVE UNIT 199 DORAL, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE LEO, GINA 1845 NW 112TH AVE UNIT 199 DORAL, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE LEO, ROBERTO 1845 NW 112TH AVE UNIT 199 DORAL, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DE LEO, RICCARDO 1845 NW 112TH AVE UNIT 199 DORAL, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

1100000865966
 04/08/08-80009-019 150.00

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 empoweres.

SIGNATURE: *Sante De Leo* **SANTE DE LEO** 3/19/08 3/5940950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #