## 2004 FOR PROFIT CORPORATION **FILED** ANNUAL REPORT Apr 30, 2004 08:00 AM Secretary of State **DOCUMENT # P01000083573** 1. Entity Name SANDY'S CREATIONS, INC. Principal Place of Business Mailing Address 2900 WEST SAMPLE RD 6250 NW 16TH COURT POMPANO BEACH, FL 33073 SUNRISE, FL 33313 02162004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 65-1152222 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NARANJIT, SHAMDULARIE DO NOT WRITE **6250 NW 16TH COURT** SUNRISE, FL 33313 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.

FILE	NOWIII	FEE IS	\$150.00	
After May	, 1, 200	4 Fee w	ill be \$550.00	

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

-hCTE. Registered Agent signature required when reinstatings

OFFICERS AND DIRECTORS 10. DELE D NARANJIT, SHAMDULARIE NAME STREET ADDRESS **6250 NW 16TH COURT** CITY-ST-ZIP SUNRISE, FL 33313 NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-7P NAME

Signature. Noted or or nited name of registered agent and title diagonoable

(60666)144908 04, 30,04-80147-005 158.75

DATE

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

12.	. Thereby 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	e information
	indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect in	as if made under	roath, that I am an offic	cer 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 nar	ne appears in Block 10	Dar Black 11 if
	changed, or on an attachment with an address, with all other like empowered		- 1 <i>i</i>	_A

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS City-St-7IP

OFFICER OR DIRECTOR