## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 30, 2004 8:00 am Secretary of State

DOCUMENT # P03000030228  1. Entity Name SANDY'S GRILLE, INC.					04-30-2004 90255 031 ***150.00			
Principal Place of Business Mailing Address								
9100 106TH AVENUE VERO BEACH, FL 32967		9100 106TH AVENUE VERO BEACH, FL 32967			94075720			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04252004	Chg-P	CR2E034 (10/03)		
City & State		City & State		4. FEI Numb	- 1178178		plied For t Applicable	
Zip	Country	Zip	Country	5. Certificate	of Status Desired	S8.75 Add Fee Required		
6. Name and Address of Current Registered Agent				7. Name and	Address of New Reg	gistered Agent		
JANKOVIC, SNEZANA								
9100 106T	H AVENUE ACH, FL 32967	Street Address (		ress (P.O. Bax Numb	er is Not Acceptable)			
			City			FL Zip Code	<del></del>	
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 NOWILL FEE IS \$150.00 9. Election Campaign Financing				\$5.00 May Be Added to Fees				
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS	/CHANGES TO OFFIC	ERS AND DIRECTORS	3 IN 11	
MALE NAME STREET ADDRESS CITY-ST-ZIP	D JANKOVIC, SNEZANA 9100 106TH AVENUE VERO BEACH, FL 32967	☐ Celete	TITLE NAME STREET ADDRESS GITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME SIREET ADDRESS CHY-ST-ZIP			☐ Change	Addition	
HIFLE: NAME STREET ADDRESS CITY-ST-ZIP	-	- □ Delete -	THLE NAME STREET ADDRESS CITY-S1-ZIP			Change	☐ Addition	
HILE NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS GITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	☐ Change	Addition	
TIFLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		·	☐ Change	Addition	

12. Thereby certify that the information supplied with this filling 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: 2

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04 (772)589-3666