



FILED
Sep 08, 2004 8:00 am
Secretary of State

08-11-2004 90003 025 ***150.00
 09-08-2004 90124 030 ***400.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

8/1

DOCUMENT # P03000040223			
1. Entity Name SAND SPORTS CORPORATION			
Principal Place of Business 2648 N.W. 112TH AVE. MIAMI, FL 33172		Mailing Address 2648 N.W. 112TH AVE. MIAMI, FL 33172	
2. Principal Place of Business		2. Mailing Address 7575 W. Flagler ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 204	
City & State		City & State Miami FL	
Zip	Country	Zip	Country
		33144	USA
3. FEI Number 56-2356566		Applied For Not Applicable	
8. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PASCHALIDES, ASTRID 2648 N.W. 112TH AVE. MIAMI, FL 33172		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2475 Brickell Ave # 1510 City Miami FL Zip Code 33129	
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 _____ <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when re-appointing)</small> DATE _____			
FILE NOW!!! FEE IS \$850.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRASCO, ANA M	NAME	
STREET ADDRESS	2648 N.W. 112TH AVE.	STREET ADDRESS	
CITY- ST- ZIP	MIAMI, FL 33172	CITY- ST- ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASCHALIDES, ASTRID	NAME	
STREET ADDRESS	2648 N.W. 112TH AVE.	STREET ADDRESS	
CITY- ST- ZIP	MIAMI, FL 33172	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		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)(c), Florida Statutes. I further certify that the information indicated on this report or supplemental reports was 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: 		ANA M. CARRASCO-VP 8/1/04	
<small>Signature and TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR</small>		<small>Date</small>	

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08302004 Chg-P CR2E034 (10/03)