2007 FOR PROFIT CORPORATION

FILED May 02, 2007 08:00 / te

ANNUAL REPURI				_		-4 CC4 -
DOCUMENT # P03000145264 1. Enlity Name SANDRA SACHS, P.A.				Secretary of Sta		
		Mailing Address 13560 SABAL PALM CT., A DELRAY BEACH, FL 33484		04302007 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 51-0496279 Not Applied be Sa.75 Additional Fee Required		
D	O NOT WRI	ACE				
	6. Name and Address of C ANDRA BAL PALM CT., APT. D BEACH, FL 33484		DO NOT WRITE IN THIS SPACE			
the obligat SIGNATURE	named entity submits this stater ions of registered agent Signature typed or printed name of register E NOW!!! FEE IS \$150.0 ay 1, 2007 Fee will be \$	9. Election Campaign F	stered Agent signature require			I am familiar with, and accept
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICER: PSD SACHS, SANDRA 13560 SABAL PALM CT., A DELRAY BEACH, FL 3348			DO N	0000007543; /22/07-8005 IOT WRI	_ _
TITLE NAME STREET ADDRESS						,

12. I hereby certify that the information supplied with this filling 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 empowered.

CITY-ST-ZIP

SIGNATURE: SANDA SACHS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/01865-0500 Daytime Priorie #