# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 13, 2006 8:00 am**
**Secretary of State**
03-13-2006 90053 016 ***158.75

DOCUMENT # P05000045375

1. Entity Name
SANOLUKE HENDERSON INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 190 NW SPANISH RIVER BLVD.<br>SUITE 201<br>BOCA RATON, FL 33431 | 190 NW SPANISH RIVER BLVD.<br>SUITE 201<br>BOCA RATON, FL 33431 |

03012006 Chg-P CR2E034 (11/05)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | 525 Hempstead Turnpike<br>Suite, Apt. #, etc. |
| City & State | City & State: West Hempstead, New York |
| Zip / Country | Zip: 11552 / Country: USA |

4. FEI Number: 20-2568839 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| INTRASTATE REGISTERED AGENT CORPORATION<br>701 BRICKELL AVENUE<br>SUITE 3000<br>MIAMI, FL 33131 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2006 Fee will be $550.00**

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

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P/D<br>Sam Goldstein<br>4865 Regency Ct.<br>Boca Raton, Florida 33434 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V/S/D<br>Norman A. Lampert<br>10 Willow Road<br>Woodsburgh, New York 11598 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V/T<br>Louis P. Ross<br>2 Morris Lane<br>Oyster Bay Cove, New York 11771 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>Kent R. Kluth<br>15776 Cypress Creek Lane<br>Wellington, Florida 33414 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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 empowered.

**SIGNATURE:** Louis P Ross treasurer 3/8/06 (516)267-7202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #