

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90127 027 \*\*\*150.00

**DOCUMENT # P05000045430**

1. Entity Name

**SANOLUKE NEVADA INC.**



Principal Place of Business

**190 N W SPANISH RIVER BLVD STE 201  
BOCA RATON FL 33431**

Mailing Address

**525 HEMPSTEAD TUNPIKE  
WEST HEMPSTEAD NY 11552**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

**190 NW SPANISH RIVER BLVD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 201**

City & State

**BOCA RATON FL**

Zip

Country

Zip

Country

**33431**

**USA**

4. FEI Number

**20-2568548**

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

**CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS FL 33410**

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**3/25/08**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

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 **PD** ☐ Delete  
NAME **GOLDSTEIN, SAM**  
STREET ADDRESS **4865 REGENCY CT**  
CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE **VSD** ☒ Delete  
NAME **LAMPERT, NORMAN A**  
STREET ADDRESS **10 WILLOW RD**  
CITY-ST-ZIP **WOODSBURGH NY 11598**

TITLE **VT** ☒ Delete  
NAME **ROSS, LOUIS P**  
STREET ADDRESS **2 MORRIS LN**  
CITY-ST-ZIP **OYSTER BAY COVE NY 11771**

TITLE **V** ☒ Delete  
NAME **KLUTH, KENT R**  
STREET ADDRESS **915 SALT WATER CIRCLE**  
CITY-ST-ZIP **SAINT AUGUSTINE FL 32080**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/25/08**