


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90048 019 ***150.00

DOCUMENT # 355210 1. Entity Name SANOS REALTY INC	
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Principal Place of Business SANOS REALTY, INC 701 SW 60 AVENUE PLANTATION, FL 33317	Mailing Address SANOS REALTY, INC 701 SW 60 AVENUE PLANTATION, FL 33317
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2. Principal Place of Business 3323 Lakeside Drive	3. Mailing Address 3323 Lakeside Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Davie FL	City & State Davie FL 33328
Zip 33328	Country USA

6. Name and Address of Current Registered Agent SWEITZER, PEGGY 701 SW 60 AVE PLANTATION, FL 33317		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP SWEITZER, PEGGY 701 SW 60 AVE PLANTATION, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3323 Lakeside Drive <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Davie FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SWEITZER, CYNTHIA 701 SW 60 AVE PLANTATION, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3323 Lakeside Drive <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Davie FL 33328
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Peggy Sweitzer **3-16-05** **954-916-3928**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #